WCVB-TV INTERNSHIP APPLICATION

WCVB-TV recognizes that a good internship program can add practical experience to the education a student gains in college or graduate school. Therefore, the Station has established an Internship Program in which students may work one semester and earn academic credit. There are a variety of internship opportunities available year-round to currently enrolled college juniors and seniors. Interns will be closely supervised and critiqued in order to maximize the learning experience. Understand that this internship is **UNPAID** and you are responsible for all personal travel and expenses. Please visit our website: [www.wcvb.com/internships](http://www.wcvb.com/internships) for more information.

Intern Coordinators: Sara Connaughton
sconnaughton@hearst.com
781-433-4357
Nancy O’Neil
noneil@hearst.com
781-433-4773

PERSONAL INFORMATION (Please type):

Name: ________________________________

College/University: ________________________________

**Circle One:** Graduate Student Senior Junior Sophomore (Summer upcoming Jr)

Major: ________________________________

Graduation Date: ________________________________

Overall GPA: ________________________________

Campus Address: ________________________________

________________________________________________________________________

Home Address: ________________________________

________________________________________________________________________

Phone Number: ________________________________

Email: ________________________________

PLEASE MAIL/E-MAIL/FAX COMPLETED APPLICATIONS TO:

Sara Connaughton
Human Resources Administrator
WCVB
5 TV Place
Needham, MA 02494
Fax: 781-433-4022
**INTERNSHIP AREAS**

Internship opportunities are available in the following areas; hours may vary depending on the assignment and student schedule. Descriptions are located at:  
Please select your top 3 PREFERRED departments:

<table>
<thead>
<tr>
<th>Chronicle</th>
<th>NEWS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CityLine</td>
<td>Assignment Desk</td>
</tr>
<tr>
<td>Creative Services</td>
<td>Digital Media (web)</td>
</tr>
<tr>
<td>Human Resources</td>
<td>EyeOpener News (12am-8am)</td>
</tr>
<tr>
<td>IT</td>
<td>Newsroom</td>
</tr>
<tr>
<td>Public Relations</td>
<td>Specials</td>
</tr>
<tr>
<td>Sales/Marketing</td>
<td>Sports</td>
</tr>
<tr>
<td>Sales/Research</td>
<td>Weather</td>
</tr>
<tr>
<td>Technical Operations</td>
<td>Weekend News</td>
</tr>
</tbody>
</table>

**Semester Internship Desired:**

<table>
<thead>
<tr>
<th>Fall  (Deadline May 15)</th>
<th>Spring  (Deadline Nov. 15)</th>
<th>Summer * (Deadline Mar. 15)</th>
</tr>
</thead>
</table>

**Days and hours available to work:** (Please check boxes for days and list hours available to work)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours:</td>
<td>Hours:</td>
<td>Hours:</td>
<td>Hours:</td>
<td>Hours:</td>
<td>Hours:</td>
<td>Hours:</td>
</tr>
</tbody>
</table>

(Minimum of 8 hours per week in the newsroom and 16 hours in other areas)

How did you hear about the internship program at WCVB? ____________________________

Have you been referred by someone affiliated with WCVB? YES _______ NO ________

If yes, please, please include their name and your relationship to this person ____________________________

Internship Start Date: _____________  Internship End Date: _____________

Academic Advisor: __________________ Telephone: __________________
EDUCATIONAL BACKGROUND

List all related courses completed to date, and letter grades from each:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>COURSE</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXTRACURRICULAR ACTIVITIES

(Include any offices held, and awards or scholarships won)

1. 
2. 
3. 
4. 
5.

APPLICANT’S PROFILE

Briefly state your main objectives for participating in a WCVB-TV internship. (Please be specific.)

What are your strongest areas of interest?
EMPLOYMENT RECORD

(Starting with the most recent position held, work backwards including full and part-time positions. Also, list any other internships that you may have done.) ** THIS SECTION MAY BE REPLACED BY A RESUME IF AVAILABLE.**

<table>
<thead>
<tr>
<th>Employer's Name and Address</th>
<th>Position Title and Duties</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional training or skill

________________________________________  ______________________________
Applicant’s Signature                     Date

WCVB-TV is an affirmative action/equal employment opportunity employer.
WCVB INTERNSHIP ELIGIBILITY CHECKLIST

In accordance with Hearst, Inc. policy, eligible interns **MUST** be able to check off ALL of the following:

- **✓** Student status (select one):
  - □ Sophomore (can apply for summer internship **ONLY**)
  - □ Junior
  - □ Senior (cannot graduate BEFORE internship)
  - □ Graduate student (cannot graduate BEFORE internship)

- **✓** Academic Credit
  - □ **ONLY** can receive **DURING** internship
  - □ Academic Advisor/Dean must sign and allot number of credits provided (no minimum or maximum requirement)
  - □ Academic Advisor/Dean must provide a letter confirming academic credit on document containing school letter head

*Official WCVB Verification form follows this page*

_________________________  _________________
Candidate Signature       Date
VERIFICATION OF ACADEMIC CREDIT

This verifies that the student listed below qualifies to participate in the WCVB-TV Internship Program and will be eligible for course credits upon successfully completing the internship:

STUDENT’S NAME:______________________________________________________________

COLLEGE/UNIVERSITY:__________________________________________________________

SCHOOL STATUS: GRADUATE STUDENT _____ SENIOR _____ JUNIOR _____ SOPHOMORE_____
(RISING JUNIOR)

NUMBER OF COURSE CREDITS GRANTED:__________

STUDENT ADVISOR:____________________________________________________________

Mailing Address: ______________________________________________________________

______________________________________________________________

E-Mail Address: ______________________________________________________________

Phone Number: ________________________ Fax Number:______________________________

Does the school’s liability insurance cover this student while he/she is performing field study for WCVB- TV in exchange for academic credit? YES [ ] NO [ ] *

* If "NO" is checked off, candidate is not eligible to participate in WCVB’s intern program.

__________________________________________
Advisor’s Signature

______________________________
Date

THIS FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP
IT IS NOT REQUIRED AT THE TIME YOU SUBMIT YOUR APPLICATION