WCVB-TV INTERNETIONAL 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 for more information.

Intern Coordinator: 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:

Nancy O'Neil
Intern Coordinator
WCVB
5 TV Place
Needham, MA 02494
Fax: 781-433-4752
INTERNSHIP AREAS

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

<table>
<thead>
<tr>
<th>Chronicle</th>
<th>NEWS:</th>
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<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>
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<td>IT</td>
<td>Newsroom</td>
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<tr>
<td>Public Relations</td>
<td>Specials</td>
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<tr>
<td>Sales/Marketing</td>
<td>Sports (Friday or Saturday only)</td>
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<td>Sales/Research</td>
<td>Weather</td>
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<tr>
<td>Technical Operations</td>
<td>Weekend News</td>
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Semester Internship Desired:

| Fall (Deadline May 15) | Spring (Deadline Nov. 15) | Summer * (Deadline Mar. 15) |

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>
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(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:

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<tr>
<th>COURSE</th>
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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>
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Additional training or skill

______________________________  __________________________
Applicant’s Signature            Date

WCVB-TV is an affirmative action/equal employment opportunity employer.
WCVB INTERN 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*

- ** ✓ ** Liability Insurance
  - □ Provided by SCHOOL ONLY
    - ○ **NO** individual insurance plans allowed

__________________________    _____________
Candidate Signature        Date
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