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 Coordinator: Kelsey Lawrence  
klawrence@hearst.com  
781-433-4014

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:

Kelsey Lawrence  
Intern Coordinator  
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:
http://www.wcvb.com/internships

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>
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<tr>
<td>IT</td>
<td>Newsroom</td>
</tr>
<tr>
<td>Public Relations</td>
<td>Specials</td>
</tr>
<tr>
<td>Sales/Marketing</td>
<td>Sports (Friday or Saturday only)</td>
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<tr>
<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:

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

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

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

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
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EXTRACURRICULAR ACTIVITIES
(Inclusive 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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<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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Additional training or skill

____________________________________  _________________________
Applicant's Signature                Date

WCVB-TV is an affirmative action/equal employment opportunity employer.
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 FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP
IT IS NOT REQUIRED AT THE TIME YOU SUBMIT YOUR APPLICATION

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: _________________________

_________________________________
Advisor’s Signature

________________________________
Date