



## **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. Please visit our website: <http://www.wcvb.com/article/internships-at-wcvb/8279013> for more information.

Intern Coordinators:      Nicole Derosiers      Nancy O'Neil  
   [nderosiers@hearst.com](mailto:nderosiers@hearst.com)      [noneil@hearst.com](mailto:noneil@hearst.com)  
   781-433-4478      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/tv/contact/wcvbtv-internship-information/37820352> Please **NUMBER** your top 3 **PREFERRED** departments, starting at highest interest:

Chronicle		<b>NEWS:</b>	
CityLine		Assignment Desk	
Creative Services		5 Investigates	
Human Resources		EyeOpener (12AM-8AM)	
IT		Dayside News (9AM - 6:30PM)	
Public Relations		Late News (3PM - 11:30PM)	
Sales/Marketing		Sports	
Sales/Research		Weather	
Technical Production		Web	

### Semester Internship Desired:

Fall (Deadline May 15)		Spring (Deadline Nov. 15)		Summer * (Deadline Mar. 15)	
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### Days and hours available to work: (Please check boxes for days and list hours available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

(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:

COURSE	GRADE	COURSE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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.

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.**

Employer's Name and Address	Position Title and Duties	Dates of Employment
1.		
2.		
3.		
4.		

Additional training or skill

\_\_\_\_\_  
Applicant's 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 [   ]

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED PRIOR TO START OF INTERNSHIP**