



Internship Application

NAME: _____ Today's Date: _____

PHONE(s): _____

EMAIL: _____

LOCAL ADDRESS: _____

CITY / STATE / ZIP: _____

PERMANENT ADDRESS: _____

CITY / STATE / ZIP: _____

EMPLOYED AT: _____

PHONE: _____

MANAGER / SUPERVISOR: _____

JOB DUTIES: _____

HOURS PER WEEK / SCHEDULE: _____

SCHOOL: _____

YEAR: FR SO JR SR GRD GRADUATION DATE: _____

MAJOR(s): _____

If accepted, will you receive school credit for participating in this internship? YES NO

SPONSORING PROFESSOR / TEACHER: _____

PHONE: _____

INTERNSHIP REQUIREMENTS (Check with your sponsoring professor):

VIDEO PRODUCTION EXPERIENCE: Camera Audio Editing Studio Other None

PLEASE EXPLAIN: _____

ADDITIONAL SKILLS / INTERESTS: _____

On the chart, please BLOCK OUT all of the times you are **unavailable** due to other commitments (school, work, etc.).



	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9am							
10							
11							
12pm							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please explain what you hope to gain by participating in this internship:

REFERENCES – Please provide name, phone & how they know you.

1) _____

2) _____

How did you learn about our internship program? _____

Submit Completed Application to:

Internships
Community Television Network
2805 S. Industrial, Ste. 200
Ann Arbor, MI 48104