



WHITMAN HANSON COMMUNITY ACCESS

Internship Application Form

Name:					
Institution:					
Website:					
Street Address:					
City:		State:		Zip Code:	
Primary Phone #:			Secondary Phone #:		
Email Address:					

I would like to enroll in a WHCA TV:

Internship	Practicum	Directed Study
<p><u>Broadly</u> focused on all of the following areas:</p> <ol style="list-style-type: none"> 1. Field Videography 2. Studio Production 3. Digital Video Editing 4. Graphic Design/Publishing 5. Production from Start to Finish 	<p><u>Specifically</u> focused on one of the following:</p> <ol style="list-style-type: none"> a. Field Videography b. Studio Production c. Digital Video Editing d. Graphic Design/Publishing e. Production from Start to Finish 	<p>Focuses specifically on one large project or body of work.</p> <p>Interns are checked in on frequently but graded upon completion of the project.</p>

Internship Term: Typically a semester (about 3 months)

Start Date:		End Date:	
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Internship Goal Statement: (or explanation of Directed study project)

Eligibility Requirements: (check all that apply)

Interns must have prior experience in one or more of the following areas of television production:

- Pre-Production (planning and coordination of event coverage)
- Field Production (recording an event on-location with portable video equipment)
- Studio Production (recording a multi-camera production in a studio with lighting, sound, and technical direction)
- Non-Linear Video Editing (using editing software such as Final Cut, Adobe Premier or Avid)

Resume:

Please attach a current resume to the back of this application. It should include, but is not limited to, your name, contact information, current place of residence, institution, related coursework, previous television experience, and any work and/or volunteer experience.

Internship Advisor & Institution Information:

Advisor Name:					
Institution:					
Department:					
Mailing Address:					
City:		State:		Zip Code:	
Primary Phone #:			Secondary Phone #:		
Email Address:					

Agreement:

I _____ agree to adhere to the guidelines set forth in the *WHCA Policies & Procedures*. I will also follow the rules as outlined in the *WHCA Policies & Procedures*. Most importantly, I agree to conduct myself in a professional manner at all times while at WHCA or conducting WHCA business. I understand that my participation in the WHCA Internship program can be suspended or terminated at any time at the discretion of the Executive Director.

Signature:		Date:	
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