



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
Broadly focused on all of the following areas: <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 	Specifically focused on one of the following: <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 	Focuses specifically on one large project or body of work. Interns are checked in on frequently but graded upon completion of the project.

Internship Term: *Typically a semester (about 3 months)*

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

Eligibility: (check all that apply)

Priority is give to applicants with prior experience in at least one or more of the following areas:

- 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 n a studio with lighting, sound, and technical direction)
- Non-Linear Video Editing (using editing software such as Final Cut, Adobe Premier or Avid)
- Marketing/graphic design/Public Relations

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:

Institutional 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 (viewable at: WHCA.tv/rules)*. Most importantly, I agree to conduct myself in a professional manner at all times while at WHCA and/or when representing WHCA. 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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Management use only

Interview Date: _____

Interviewed by: _____

Internship Dates:

Internship first day:		All materials due by:	
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Internship Term: Typically a semester (about 3 months)

Proposed Start Date:		Proposed End Date:	
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