



Intern Application

Name: _____

Phone: _____

Email: _____

Advisors Name: _____ Phone #: _____

References: 1) _____ Phone #: _____

2) _____ Phone #: _____

Areas of Interest (Please rank by 1st/2nd/3rd)

_____ TV Production	_____ IT/Engineering
_____ Florida Road Trip – TV	_____ FM Production
_____ TV Digital	_____ Corporate Partnership
_____ TV Promotions	_____ Other: _____

To represent and promote WUCF, we frequently participate in off-campus events and have to transport oversized items. Do you have your own (reliable) transportation?

Circle one: **YES/NO**

You may be asked to assist in lifting or carrying oversize items weighing up to 50 lbs. over short distances (less than 50 yards). Do you need any special accommodations in order to perform such tasks? Circle one: **YES/NO**

Relevant courses you've taken or will be taking in the coming semester:

Relevant extra-curricular or work experience (including other media, music, arts):

Other activities, hobbies, interests, or skills:

What are your goals? (Career, personal, etc.... what are your aspirations?):

What are your expectations for Interning with WUCF?

Tell us something about yourself, unique to YOU. It can be anything that you want to share with us:

Pending acceptance into the Internship Program at WUCF, I understand that I will have access to the station only during my scheduled hours to work, unless otherwise requested by my supervisor. If I am under 21 years of age, I will not attend any station events at locations where alcohol is served. I agree to conduct myself in a professional manner at all times. I promise I will not remove station property from the premises and understand by doing so, I will be immediately dismissed from my intern opportunity and the authorities will be contacted. Upon completion of my interning, any name badge, access cards, etc. must be returned to the Internship Coordinator. I understand the WUCF internship opportunities are non-paying positions, and are limited. There is no assurance that all applicants will have an opportunity to intern for WUCF.

I hereby assume the risk of injury; and release, discharge, and indemnify WUCF and the University of Central Florida, its respective officers and employees from any and all claims for injury or damages arising from participation in the Intern Program.

Applicant Signature

Date