

# Community Media Center

## Internship Program Application

Submit completed application and resume via email to:  
Rachel Kamel [rkamel@carrollmediacenter.org](mailto:rkamel@carrollmediacenter.org)

**Name (Last, First, MI)**

**Home Address (City, State, Zip Code)**

**Primary Phone**

**Email**

**Education**

High School

College/University

Name of High School or University:

Major or Concentration of Study:

Student standing during internship (freshman, sophomore, senior etc.)

This internship may require occasional travel, do you have your own transportation to facilitate those trips?

**Internship Focus:**

**School Internship Supervisor Information:**

Name

Phone Number

Email

**Proposed Start Date:**

**Proposed End Date:**

**What is this internship for? (Identify all that apply):**

**Days Available (enter specific times per day (ex. 9-2, 4-6) or NA if unavailable):**

Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

**Specific times you are unavailable:**

**Number of hours required for you to get credit from school:**

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Submit completed application via email to:  
Brigid Shifflett, Business Administrator - [bshifflett@carrollmediacenter.org](mailto:bshifflett@carrollmediacenter.org)

### Experience:

**Mission:** To provide internships for high school and college students; to provide the intern an *enhanced, experiential learning experience* in professional media production; to provide an opportunity for the intern to gain experience in a broadcast television station environment emphasizing the use of telecommunications, audio/video equipment and computers as tools of information, education and entertainment with the emphasis on local community.

Prospective students should be recommended by a teacher, professor or campus advisor and have some previous, entry level experience in audio/video/media production and computers.

Interns are expected to adhere to a set schedule and to be actively involved in the day to day workings of Community Media Center. Interns are also given a CMC membership for the duration of their internship and have access to equipment and to regularly scheduled workshops.

I, \_\_\_\_\_, agree to abide by the Guidelines and Procedures of Community Media Center, and to honor the terms of my internship.

Intern Signature

Date

Parent/Guardian Signature (if applicant under 18 years of age)

Date

Parent/Guardian Name (print)

Community Media Center Staff Name

Community Media Center Staff Signature

Date