

# Dick Broadcasting Internship Application Packet

WKRR 92.3 FM – Rock 92  
WKZL 107.5 FM – 1075KZL

*Dear Intern Applicant:*

*Thank you for your interest in the Dick Broadcasting (WKRR/WKZL) Internship Program. Our internship program offers a unique and exciting opportunity to experience the day-to-day activities of the radio stations.*

*This program will enable you to:*

*--Receive hands-on education and training on the planning, coordination and execution of the radio business.*

*--Establish industry contacts and relationships for your future network*

*--Become better informed on the day-to-day operations of running a commercial radio station.*

*--Become inspired on the effectiveness and influence of radio in the public Community*

*--Receive educational/college credit earned towards your internship.*

*Internships are offered year round and are divided into quarterly sessions. These internships are available to students fulfilling the following requirements:*

*--Student must be at least 18 years of age:*

*--Have an interest in broadcasting*

*--Enrolled in a local college or university program for the specific purpose of gaining school credits toward a degree*

*--Ability to commute at specified times to the station*

*--Dress appropriate for professional work environment*

*--Possess a positive and professional attitude.*

*Please take the time to peruse this information packet. Inside you will find all necessary information regarding the internship program.*

*Good luck! Thank you for your interest in the Dick Broadcasting Internship Program*

# *DICK BROADCASTING APPLICATION CHECKLIST*

To apply for a position in The Dick Broadcasting Internship Program please submit the following completed materials:

1. Internship Application Form
2. Internship Agreement
3. Internship Program Confidentiality Clause
4. Internship Interest Form
5. Internship Availability Form
6. Statement of Interest
7. Current Resume
8. Letter from your college or university (must be on their letterhead) stating that you are currently enrolled and will be receiving college credit for your internship.
9. Current Transcript

Completed Application and attachments should be sent to:

Name: **Matt Wells**  
**mwells@dbcradio.com**

Title: **Promotions Coordinator**

**Dick Broadcasting Company**  
**192 East Lewis Street**  
**Greensboro, NC 27406**

**Please no phone calls or faxes**

NOTE: All materials must be submitted to the person indicated above. All materials #1-9 must be included at the time of application. Your application will not be processed without all of the above mentioned items. Following submission of the above, you will be contacted for an interview.

**DICK BROADCASTING**  
**INTERNSHIP APPLICATION**  
PLEASE PRINT OR TYPE

TODAY'S DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ALIAS NAME: \_\_\_\_\_

FULL RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ALL CONTACT PHONE NUMBERS: \_\_\_\_\_

PARENTS/GUARDIAN NAME: \_\_\_\_\_

PARENTS/GUARDIAN FULL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENTS/GUARDIAN  
ALL CONTACT PHONE NUMBERS: \_\_\_\_\_

ANOTHER NAME/ADDRESS & NUMBER FOR US TO CONTACT IN THE EVENT OF AN EMERGENCY:  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_

ACADEMIC ADVISOR NAME: \_\_\_\_\_

ACADEMIC ADVISOR PHONE NUMBER: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

ENROLLMENT STATUS: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

# *DICK BROADCASTING INTERNSHIP AGREEMENT*

I, \_\_\_\_\_ hereby request that WKZL and WKRR (Dick Broadcasting Co.) allow me to participate in their internship program. I acknowledge that, if I am accepted, I will not be an employee or an agent of Dick Broadcasting, but will act solely as an unpaid intern, gaining college credit and experience exclusively for my own benefit, and will not represent to any party that I am an employee.

In consideration of the opportunity to acquire such experience, I do hereby release, hold harmless and forever discharge WKRR-FM, WKZL-FM and Dick Broadcasting, its owners, successors, agents, heirs and employees from any and all liability for personal injury or property damage which I may sustain in the course of, as a result of, or as a consequence of directly or indirectly, my internship at Dick Broadcasting.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Intern Applicant Name

\_\_\_\_\_  
Intern Applicant Signature

Manager of Department where internship to occur:

I have fully explained the above statement to the intern applicant. Any and all questions intern as have been explained and intern fully understands above-captioned statement.

\_\_\_\_\_  
Manager Signature

**DICK BROADCASTING  
INTERNSHIP PROGRAM  
CONFIDENTIALITY CLAUSE**

I, \_\_\_\_\_ agree to respect the confidentiality and privacy of listeners and contacts of WKRR, WKZL and Dick Broadcasting Radio.

Confidential information includes but is not limited to; plans, employment information, social security numbers, dates of birth, advertiser relations, news story sources, staff members phone numbers and any other information I might be privy to in the course of my internship.

I understand that the information of a confidential nature that I am exposed to must remain confidential and is not to be discussed with anyone outside of the radio stations.

I understand that breaching the trust of confidentiality; will result in the termination of my internship without credit for course completion.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
, Program Director, Dick Broadcasting

\_\_\_\_\_  
Date

# *DICK BROADCASTING INTERNSHIP INTEREST FORM*

Please mark your areas of interest by ranking them from 1-5 with 1 being of most importance to you and 5 being least.

\_\_\_\_\_ General Administration

\_\_\_\_\_ Engineering

\_\_\_\_\_ Programming Department

\_\_\_\_\_ Morning Show

\_\_\_\_\_ Production

\_\_\_\_\_ Marketing and Promotions Department

\_\_\_\_\_ Sales Department

List school/college courses taken applicable to your main area of interest:

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**DICK BROADCASTING (WKRR/WKZL)  
INTERNSHIP AVAILABILITY FORM**

\_\_\_\_\_ FALL SESSION From \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_ FALL SESSION From \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_ SPRING SESSION From \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_ SUMMER SESSION From \_\_\_\_\_ through \_\_\_\_\_

**NUMBER OF HOURS AVAILABLE PER DAY**

**(MUST BE AT LEAST 20 HOURS TOTAL PER WEEK)**

MONDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

TUESDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

WEDNESDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

THURSDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

FRIDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

SATURDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

SUNDAY FROM \_\_\_\_\_ O'CLOCK UNTIL \_\_\_\_\_ O'CLOCK = TOTAL \_\_\_\_\_

TOTAL HOURS PER WEEK \_\_\_\_\_

***DICK BROADCASTING***

***WKRR & WKZL***

***Statement of Interest***

Please state, in 200 words or less, why you would like to become an intern...

(Please print neatly or type)