



# Internship/Comm. Service Application

Branford Community Television

Branford Community Television, Inc., 40 Kirkham Street, Branford, CT 06405

Tel: (203) 481-3232 Fax: (203) 483-8507 E-Mail: studio@bctv.org Web: www.branfordtv.org

**STUDENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Tel# (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

School Name \_\_\_\_\_

**HIGH SCHOOL/MIDDLE SCHOOL STUDENTS:**

IS THIS FOR REQUIRED COMMUNITY SERVICE HOURS?: YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, HOW MANY HOURS HAVE YOU COMPLETED SO FAR? \_\_\_\_\_

WHERE DID YOU COMPLETE THESE PREVIOUS HOURS? \_\_\_\_\_

WHAT GRADE LEVEL ARE YOU CURRENTLY IN? \_\_\_\_\_

NAME OF SCHOOL COMMUNITY SERVICE LIASON: \_\_\_\_\_

HAVE YOU PARTICIPATED IN THE SCHOOL'S MEDIA/TV PROGRAM: YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU INTERESTED IN A CAREER IN BROADCASTING OR MEDIA? YES \_\_\_\_\_ NO \_\_\_\_\_

DAYS/TIMES OF AVAILABILITY: \_\_\_\_\_

**COLLEGE/TECHNICAL SCHOOL STUDENTS:**

IS THIS FOR CREDIT ? YES \_\_\_\_\_ NO \_\_\_\_\_ DURATION OF INTERNSHIP: \_\_\_\_\_

NAME OF TEACHER/SUPERVISOR: \_\_\_\_\_ MAJOR: \_\_\_\_\_

WHAT IS YOUR CURRENT ACADEMIC LEVEL: (ex. FRESHMAN) \_\_\_\_\_

DAYS/TIMES OF AVAILABILITY: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(BCTV)

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(STUDENT)

Print Name Clearly \_\_\_\_\_ Print Name Clearly \_\_\_\_\_

Accepted: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE ACCEPTED: \_\_\_\_\_