



Internship/Comm. Service Application

Branford Community Television, Inc., 40 Kirkham Street, Branford, CT 06405
Tel: (203) 481-3232 Fax: (203) 483-8507 E-Mail: studio@branfordtv.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: _____ Signed _____ Date: _____
(BCTV) (STUDENT)

Print Name Clearly _____ Print Name Clearly _____

Accepted: YES _____ NO _____ DATE ACCEPTED: _____