

## **INTERN INFORMATION SHEET 1 OF 3**

## PERSONAL INFORMATION Name: \_\_\_\_\_ Street Address: City:\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_ Home Telephone Number:\_\_\_\_\_Cell:\_\_\_\_ **SCHOOL INFORMATION** College:\_\_\_\_\_ Major:\_\_\_\_\_Minor\_\_\_\_ Degree Earned:\_\_\_\_\_\_Date Earned:\_\_\_\_\_ Expected Date Degree will be Earned:\_\_\_\_\_\_ Check Classification: Freshman Sophmore Junior Senior Please append copy of transcript with all college courses. Unofficial copy OK. List Check Mode of Transportation to Studio/Office: \_\_\_\_\_ I do not have transportation. \_\_\_\_\_ I have license & and my own vehicle. \_\_\_\_\_ I will have to catch rides \_\_\_\_ Bus



## **INTERN INFORMATION SHEET 2 OF 3**

| INTERNSHIP INF Desired Placemen 1)                   |   |                          |               |
|--|---|--------------------------|---------------|
|  |   |                          |               |
| 3)<br>[ please review atta                           | ached INTERSHIP OV                      | /ERVIEW document]        |               |
| Dates of Participat                                  | ion START Date:                         | END Date:                |               |
| Mon:<br>Wed:   | ime and End Time for<br>Tues:<br>Thurs: |                          |               |
| Fri:   | Sat:                                    | Sun                      |               |
| Total Hours Per we                                   | eek:                                    |                          |               |
| Will you receive edinternship?Yes<br>IF CREDIT IS TO | BE RECEIVED, PLEANFORMATION ALONG       | E<br><br>SE ATTACH COLLE | GE INTERNSHIP |
| REFERENCE IN   | FORMATION (LIST A<br>ADDRESS            |                          | PHONE         |
|  |   |                          |               |
|  |   |                          |               |
|  |   |                          |               |



## **INTERN INFORMATION SHEET 3 OF 3**

| EMERGENCY<br>Name:                               | CONTACT  |                  |
|--|--|------------------|
| Relationship:                                    |  |                  |
| Address:   | Phone  | _                |
| participating in agree that all in acknowledge a | nd sign the following: I hereby acknowledge and agree to a intern program at <b>Genesis 7 HD</b> (Genesis 7 Media Information herewith submit is accurate and true. I further and agree that I will receive no monetary compensation sis 7 Media Inc while in a training status. | nc.)I also<br>er |
| Printed Name                                     | Signature  | Date             |
| SEND MATER                                       | IALS TO:   |                  |

Genesis 7 HD ATTN: J. T. Wright P.O. Box 8222 Hampton, VA 23666 (757) 652-0529 or FAX (757) 723-2290

Form can be processed faster if completed form is scanned and e-mailed to <a href="wright@wgbs7.com">wright@wgbs7.com</a> or FAXED.