



PRODUCTION

INTERN PROGRAM

GOALS --

1. This academically oriented program is designed to provide students with professional experience in furtherance of their education and training. Interns are **NOT** employees of WSET-TV.
2. The intern program is for the benefit of the interns rather than WSET-TV and interns are trained under close supervision. Interns do not displace regular employees.

OBJECTIVE --

To offer two (2) Production internships per semester or summer in the Lynchburg Production facilities.

1. Duration: One semester, hours per week dependent upon credit hours. Hours will be determined based on the intern's areas of interest and class schedule.
2. Intern will learn about various production skills including the following by assisting the production staff with studio skills of camera operation, lighting, audio, chyron, directing/switching, graphic design, and promo assembly and/or field skills of camera set-up, operation, and gripping.
3. Supervisor: Director on duty and ultimately the Director of Operations and Engineering.

EVALUATION --

1. At the end of the internship, the supervisor will complete the WSET-TV Internship Evaluation and review it with the intern. Evaluations may be sent to the intern's advisor, if requested by the academic institution.
2. The supervisor will also complete and submit any additional evaluation forms required by the academic institution.

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APPLICATION --

1. Apply by completing the application form, available from your college advisor or WSET-TV, and mailing it to the Director of Human Resources, WSET-TV, P.O. Box 11588, Lynchburg, VA 24506-1588. Additionally, you may attach your resume and a cover letter (optional).
2. An internship applicant must be seriously interested in pursuing a career in broadcasting.
3. An internship applicant must be currently enrolled in an accredited institute of higher learning and must be eligible to receive academic credit for the internship.
4. An internship applicant must secure the permission of his/her college advisor and his/her college intern office and be available for an interview as part of the application process.
5. This internship is without pay and the intern is not entitled to wages for training time or any other portion of the program. The intern is not entitled to a job at the completion of the program.
6. Please call WSET-TV's Director of Human Resources at 434/528-1313 if you have any questions.

WSET-TV Production Internship Evaluation

(To be completed by immediate supervisor)

Intern name: _____ Dates of internship: _____

Intern supervisor(s): _____ Date of evaluation: _____

Total hours completed: _____

SKILL	Superior	Good	Average	Below Average	Does Not Apply
1. Studio camera operation					
2. Studio lighting					
3. Studio audio					
4. Studio chyron					
5. Studio directing/switching					
6. Studio promo assembly					
7. Computer graphics					
8. Still Store					
9. Field camera set-up					
10. Field camera operation					
11. Field gripping					

**** THE FOLLOWING CHECKLIST evaluates the quality of the intern's work ****

QUALITY	Superior	Good	Average	Below Average	Does Not Apply
Ability to accept criticism					
Ability to work with others					
Attendance					
Attitude					
Creativity					
Dependability					
Initiative					
Level of interest					
Performance					
Technical knowledge					

****NOTE THAT THIS FORM IS CONTINUED ON REVERSE SIDE ****

WSET-TV PRODUCTION INTERNSHIP EVALUATION

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COMMENTS BY EVALUATOR: _____

Signature of Evaluator

Signature of Department Head

I authorize the release of this evaluation to my academic institution and release WSET-TV from any liability attendant thereto.

Signature of Intern

WSET-TV
INTERNSHIP APPLICATION

NAME _____ **TELEPHONE** _____

ADDRESS _____
(Street, City, State, and Zip Code)

E-MAIL ADDRESS _____

COLLEGE _____ **CLASS OF** _____ **MAJOR** _____

CAREER GOAL _____ **MINOR** _____

DATES AVAILABLE FOR INTERNSHIP _____

AREA(S) OF INTEREST *(indicate first, second, and third choices)*

_____ *Production*

_____ *Sales and Marketing*

_____ *Commercial Production*

_____ *News - Sports*

_____ *News*

_____ *News - Meteorology*

PREVIOUS RELATED EXPERIENCE _____

OTHER RELEVANT EXPERIENCE _____

WHY HAVE YOU APPLIED FOR THIS INTERNSHIP? _____

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I understand that if I am granted an internship at WSET-TV, it will be on an "at will" basis, and both I and WSET-TV are free to terminate the internship relationship at any time for any reason, with or without cause. I understand and agree that an intern is not an employee for any purposes.

I understand that internships at WSET-TV are without pay. As a WSET-TV intern, I must be eligible for academic credit. WSET-TV assumes no liability or responsibility regarding the granting of academic credit by my school. In consideration of WSET-TV's providing me an internship, in the event it elects to do so, I authorize WSET-TV to release any materials or information to my academic institution and release it from any liability in connection with any materials or information.

I certify that all information provided by me during this application process is and will be accurate, complete, and subject to verification. I authorize WSET-TV to verify all information supplied by me in this application process, including contacting my former or present employers and references, and I authorize and release from liabilities any individuals or organizations who provide information requested by WSET-TV. I indemnify WSET-TV or its representatives and hold them harmless against any liability that may result from making such investigations or inquiries. The information I have provided or will provide in this application process is true and accurate and I am providing this information for the purpose of WSET-TV's reliance thereon in making internship decisions. I understand that any misrepresentation, whenever discovered, is cause for immediate disqualification or dismissal.

APPLICANT'S SIGNATURE _____ DATE _____

THIS PORTION OF THE APPLICATION IS TO BE COMPLETED BY THE APPLICANT'S FACULTY SPONSOR.

NAME OF SPONSOR _____ PHONE _____

TITLE OF SPONSOR _____

ADDRESS _____

THIS STUDENT IS ELIGIBLE TO RECEIVE ACADEMIC CREDIT OF _____ HOURS FOR THIS INTERNSHIP.

SIGNATURE OF SPONSOR _____ DATE _____

THIS PORTION OF THE APPLICATION IS TO BE COMPLETED BY THE APPLICANT'S INTERN OFFICE REP.

NAME OF REPRESENTATIVE _____ PHONE _____

TITLE OF REPRESENTATIVE _____

ADDRESS _____

THIS INTERNSHIP HAS RECEIVED THE APPROVAL OF THIS OFFICE. I HAVE ATTACHED ANY REQUIREMENTS FOR CREDIT, SUCH AS EVALUATIONS.

SIGNATURE OF REPRESENTATIVE _____ DATE _____

FOR WSET-TV USE ONLY.

DATE ELIGIBILITY FOR CREDIT HOURS VERIFIED _____

NAME OF PERSON PROVIDING VERIFICATION _____