



INTERNSHIP and COMMUNITY SERVICE APPLICATION

North Haven Community Television
Operated by Connecticut Community Television, Inc.
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E-MAIL: info@nhtv.com WEB: www.nhtv.com

STUDENT INFORMATION:

Name _____

Address _____

City/State _____ Zip Code _____ - _____

Home Tel.# (_____) _____ Cell# (_____) _____

School Name _____ E-Mail: _____

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: _____
(NHTV)

Signed _____ Date: _____
(STUDENT)

Print Name Clearly _____ Print Name Clearly _____

Accepted: YES _____ NO _____ DATE ACCEPTED: _____