



THE BLUE WAVE INTERNSHIP APPLICATION

Applicant Information			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address:			
Have you ever been convicted of a felony?		If yes please explain:	
Yes No			
How did you hear about our internship program?			

Availability							
Please check semesters of availability:							
Fall Spring Summer Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest				
Please indicate which area interests you:				
Editing	Photography	Cinematography	Writing	Graphics
Animations	Social Media	Marketing	Research	Audio
Business	Producing	Other, please explain: _____		

Experience/Education and Skills			
Current employment status:	Full-time	Part-time	Not Employed
Current or most recent position held			
Are you currently a full-time student? Yes No	If yes, please indicate school and concentration:		
Level Freshmen Sophomore Junior Senior Graduate student	Areas of study:		
Do you speak any other languages? Yes No	If yes, please list language Fluent Semi-Fluent Basic		
Computer Skills/Software Used:			

Personal Information
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: