

601 Martin Luther King, Jr. Drive | Winston-Salem, North Carolina 27110 Phone: 336-750-2321 | Fax: 336-750-2329 | www.wsncradio.org

PERSONAL INFORMATION										
LAST NAME:			FIRST NAME	Middle Initial:						
					TODAY'S DATE:					
Address:			City:	State:	Zip:					
Home Phone:				Email:						
Birthday:		Sex: Male:	Female:	Age:	T-shirt Size					
DEPARTMENTAL REFERENCES										
MASS MEDIA	Instructors Name:		Department:							
	Instructors Name:		Department:	Department:						
Why do you want to intern with W	SNC 90.5?									
Do you volunteer with SU Radio?	you volunteer with SU Radio?				do you have a regular show?					
Yes No		Yes	N	0						
Why do you think this internship p	rogram is the right choice for	you?								

What do you hope to learn through yo	ur interns	hip exper	rience	with WSNC?				
RADIO PRODUCTION INTEREST								
AUDIO EDITING	YES	NO 🔲	I have experience in audio editing: YES NO			If yes explain:		
MARKETING	YES	NO 🔃	I have marketing experience: YES NO			If yes explain:		
ON AIR ANNOUNCING	YES	NO 🔃	I have experience on air YES NO announcing:			If yes explain:		
RADIO ENGINEERING	YES	NO 🔃	I have experience in radio eng. YES NO			If yes explain:		
RADIO PROGRAMMING	YES	NO 🔃	I have experience in radio prog.: YES NO			If yes explain:		
FUNDRAISING NONPROFIT	YES	NO 🔲	I have experience in fundraising: YES NO			If yes explain:		
MEMBER RECRUITMENT	YES	NO 🔃	I have experience in recruitment: YES NO			If yes explain:		
SALES	YES	NO 🔲	I have experience in sales: YES NO NO			If yes explain:		
INTERNSHIP TERM								
WHAT TERM ARE YOU INTERSTED IN?	Spring 2	2015 E ne to subr	nit 1/2		all 2016 🔃 BA	75hr Program	n 1 5	Ohr. Program
What Days are You Available?				<u> </u>		70		5 1 5 g. d
	UESDAY	WEDNE	SDAY	THURSDAY	FRIDAY	SATURI	DAY	SUNDAY
DAYS								
TIMES								
l,				certify tha	t all inform	ation provide	ed is acc	curate.
Date Submitted								