

**INTERN QUESTIONNAIRE**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ SCHOOL PHONE # \_\_\_\_\_

EMAIL ADDRESS(S): \_\_\_\_\_

COLLEGE ATTENDING \_\_\_\_\_ GRADES (QPA) \_\_\_\_\_

YEAR (Circle One) JUNIOR or SENIOR - GRADUATION DATE \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

DATE INTERNSHIP WOULD TAKE PLACE \_\_\_\_\_

AREA OF INTEREST FOR INTERNSHIP (Check One): NEWS \_\_\_\_\_ SPORTS \_\_\_\_\_

PROMOTIONS \_\_\_\_\_ PRODUCTION \_\_\_\_\_ SALES/MARKETING \_\_\_\_\_

LOCATION: JOHNSTOWN \_\_\_\_\_ ALTOONA \_\_\_\_\_ STATE COLLEGE \_\_\_\_\_

DAYS & TIMES PREFERRED FOR INTERNSHIP \_\_\_\_\_

NAME OF MEDICAL INSURANCE CO. \_\_\_\_\_

CAREER GOALS: \_\_\_\_\_

WHAT DO YOU HOPE TO ACCOMPLISH IN THIS INTERNSHIP: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ # CREDIT(S) TAKEN FOR \_\_\_\_\_

START OF TERM: \_\_\_\_\_ END OF TERM \_\_\_\_\_

NUMBER OF HOURS / WEEKS FOR CREDITS NEEDED: \_\_\_\_\_

**Return completed questionnaire to: Nancy Shull, Human Resources,  
WJAC-TV, 49 Old Hickory Lane, Johnstown, PA 15905 (814) 255-7602**