

OREGON PUBLIC BROADCASTING COLLEGE INTERNSHIP APPLICATION

NAME _____

ADDRESS _____

_____ ZIP _____

PHONE _____

EMAIL _____

PERMANENT ADDRESS & PHONE (if different from above) _____

_____ ZIP _____

CURRENT SCHOOL _____

ADVISOR/DEPARTMENT _____

ADVISOR PHONE _____

Please list any other internship experiences you have had:

Please give a brief description of your internship goals:

Please indicate the beginning and ending dates of the term(s) you will be available:

FALL _____

WINTER _____

SPRING _____

SUMMER _____

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Please indicate which internship(s) you prefer in numerical order:

- _____ Production: Local/National Television
- _____ Production: Project Development, National Television Productions
- _____ Production: *Oregon Art Beat* and *Oregon Field Guide*
- _____ Production: *Oregon Lens*
- _____ News
- _____ Radio: *Think Out Loud*
- _____ KMHD Jazz Radio
- _____ Production: KMHD Jazz Radio
- _____ Educational Media
- _____ Fund Raising: Corporate Support
- _____ Volunteer Management
- _____ Graphics
- _____ On Air Design/Marketing
- _____ Fundraising: Donor and Business Development
- _____ OPB Web Site
- _____ Music Program

Please visit www.opb.org/internships to see a list of internship guidelines and required application materials. Application packets that are incomplete will not be considered. If you have questions, please contact us at (503) 293-1947, or at internships@opb.org.

The terms begin in September, January, March and June. Please submit application materials no later than the 1st of the month prior to the term. Applications are due in hand, not post-marked, by Aug. 1st, Dec. 1st, Feb. 1st, and May 1st.

Submit the completed application packet:

Student Internships
Oregon Public Broadcasting
7140 SW Macadam Avenue
Portland, OR 97219-3099

Please submit all materials single-sided, with no staples. Incomplete application packets will not be considered.

INTERNSHIP GUIDELINES DECLARATION

I have read and understand the internship guidelines outlined on www.opb.org for the Oregon Public Broadcasting Internship Program. Should I be selected as an intern, I agree to abide by these guidelines.

Signature

Date