



**Boston
Neighborhood
Network Media**

Intern/Volunteer Application

Please return this application to interns@bnnmedia.org or fax to 617-708-3234

Date: _____ Name: _____ Birthdate: ___/___/___
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
School: _____ Major: _____ GPA: _____

(Advisor Info) Name: _____ Phone: _____ Email: _____

If you would like to inform us of a handicap, disability or medical condition you may have, please do so here:

Why do you want to work with Boston Neighborhood Network Television?

What is your proficiency and experience with:

Video Camera Operations: _____

Final Cut Pro: _____

Adobe Photoshop/InDesign: _____

Multi-Camera Switcher: _____

Lighting: _____

Microsoft Office/ Google Doc: _____

Social Media: _____

Computer Engineering / IT: _____

What additional skills, talents, or past experiences do you bring to BNN?

How would you like to most contribute to BNN?

What skills/ areas do you hope to gain experience in while working with BNN?

What dates are you available to work? ___/___/___ to ___/___/___



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How many total hours are needed: _____

How many hours would you like to work each week (10 hour minimum)? _____

BNN is open Monday – Friday, 9 AM – 9:30 PM and Saturday, 10 AM – 3 PM. Fill in the hours you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Is there any additional information you'd like us to consider?

Please list two recent professional or academic references:

Name: _____
 Company: _____
 Title: _____
 Relationship: _____
 Phone: _____
 Email: _____

Name: _____
 Company: _____
 Title: _____
 Relationship: _____
 Phone: _____
 Email: _____

By signing below I agree that to the best of my knowledge the information I have provided is correct.

Signature _____ Date _____

If Intern/Volunteer is under 18 years of age:

Parent/Guardian Signature _____ Date _____

BNN STAFF USE ONLY:						
Application Rcvd.	Interview	Orientation	Placement	Start Date	End Date	Direct Supervisor

NOTES: _____
