THE INTERN EXPERIENCE

The INTERN EXPERIENCE is a limited, structured experience offered by WLTZ-TV NBC 38 & The CW GA-BAMA to provide selected candidates with exposure to our operation, to educate them about how the media professionals on our team do what they do, and to provide limited, practical experience in their chosen field of study.

A. Why does WLTZ offer the INTERN EXPERIENCE?

i. The purpose of the INTERN EXPERIENCE is to educate selected candidates about careers in media and encourage their further exploration of the field.

I am seeking this position to gain experience and knowledge in the media industry.

I am seeking this position to earn required or elective course credit.

B. The INTERN EXPERIENCE is unpaid.

i. The EXPERIENCE is such that the INTERN is learning and receiving more benefit from the program than the company benefits by having them here. It is expected that the APPLICANT will earn course credit for participation.

I understand the INTERN EXPERIENCE is unpaid and I agree that I will not hold WLTZ, ELTZ, SagamoreHill Broadcasting of GA, LLC or any of its affiliates and/or anyone associated with this company liable for any type of compensation or unpaid wages associated with this requested INTERN EXPERIENCE.

I will earn ________ hours/units of course credit for my participation in the INTERN EXPERIENCE.
C. The INTERN EXPERIENCE is limited to a specific period.

i. Before the INTERN EXPERIENCE begins, WLTZ will inform the INTERN of the approved start date and end date of the EXPERIENCE. The term of the INTERNSHIP EXPERIENCE is typically structured to match the length of the INTERN’s academic term (i.e. semester/quarter/term). The term of the INTERN EXPERIENCE may be extended for a limited period, in rare occasions, only with prior written approval from the Director of News & Local Content and/or the General Manager. Upon successful completion of the first INTERN EXPERIENCE, the INTERN may apply for up to one additional consecutive INTERN EXPERIENCE.

ii. The requested Start Date of my INTERN EXPERIENCE is ________________, ____, 2017.

iii. The requested End Date of my INTERN EXPERIENCE is ________________, ____, 2017.

I understand and agree that the company has the right to terminate this INTERN EXPERIENCE at any time, for any reason, of its sole choosing, without prior notice to me.

D. The INTERN must display appropriate business conduct and actions during the EXPERIENCE.

i. WLTZ-TV is a business. Thus, every INTERN is required to conduct themselves with appropriate business decorum during the EXPERIENCE.

kek I understand that the required dress for the INTERN EXPERIENCE is business casual.

kek I will at all times wear appropriate attire which meets or exceeds that requirement.

kek I will at all times conduct myself professionally so as to represent myself and the company in a positive manner.

E. The INTERN will play by the rules during the EXPERIENCE.

i. Every INTERN is required to adhere to all company policies, governmental regulations, and legal requirements during the EXPERIENCE. The selected INTERN will be provided with an opportunity to meet with the Business Manager to review appropriate information pertaining to this area.

kek I will adhere to all company policies and workplace requirements.

kek I will adhere to all regulations and laws.

kek I will will adhere to all HIPPA guidelines and regulations.
I ______________________ agree to **INTERN** with **WLTZ First News, Columbus, Georgia** during the approved period.

_______  I understand that I will be tasked to complete learning assignments as needed and assigned by show producers and/or station management.

_______  I understand that, should I fail to meet any requirements, my INTERN EXPERIENCE may be terminated without notice at the sole discretion of the company.

_____________________________________________  ______________________________________
Signature of Applicant  Signature of Gene Kirkconnell
INTERN  Director of News & Local Content

_____________________________________________  ______________________________________
Date (Month/Day/Year)  Date (Month/Day/Year)