

INTERN APPLICATION FOR WHIO-TV NEWSCENTER 7, DAYTON, OHIO

The undersigned applicant, a student at _____, which has an internship program under which the applicant will receive academic credit for serving as an intern in a broadcasting station, hereby applies to intern for the news department at WHIO-TV for the period from _____ to _____.

The applicant understands that if this application is accepted:

- (1) Applicant will be serving as an intern at their request, for the purpose of furthering applicant's education by observation of and participation in television broadcasting operations, and that the intern will not be an employee in any sense of the word and will receive no compensation whatsoever for whatever services are performed as an intern.
- (2) Applicant will be assigned a schedule requiring a full day in television broadcasting operations for the period of the internship, under the supervision of any employee, observing as much as possible and being of such assistance as possible but not replacing any regular employee.
- (3) Applicant will be required, during the period of the internship, to obey the instructions of all employees who may be given supervision over their activities, and to observe all rules and regulations in effect at the station.
- (4) Applicant is not guaranteed any job opportunity at any time in the future.
- (5) Since intern will not be an employee, intern will not be eligible for any benefits as an employee and will not have Workers' Compensation coverage as an employee.

The intern agrees, if this application is accepted, that:

- (1) Intern will indemnify and save harmless WHIO-TV, its agents and employees, from all claims, demands, damages, costs and expense whatsoever in any way connected with, arising out of applicants' service as an intern, whether the same be caused or contributed to by WHIO-TV, or any of its agents, or employees, or otherwise.
- (2) Intern will obey the instructions of all employees who may be given supervision over said intern and observe all rules and regulations in effect at the station.

Applicant Name: _____
Address: _____
Phone Number: _____
Social Security Number: _____
Signature & Date: _____