

# KEXP INTERNSHIP APPLICATION FORM



*In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume to [rachel@kexp.org](mailto:rachel@kexp.org).*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name(s) of Internship(s) Applied For: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Have you applied for a position at KEXP in the past? Yes  No

School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_ School Address: \_\_\_\_\_  
 Internship Coordinator Name: \_\_\_\_\_  
 Internship Coordinator Phone/email: \_\_\_\_\_  
 Are you requesting that your college grant you credit hours for your internship? Yes  No   
 Dates available to perform internship: \_\_\_\_\_ Total number of internship hours needed: \_\_\_\_\_  
 Your availability (circle all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Home Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Are you legally eligible to work in the U.S.? Yes  No   
 If you are not a U.S. Citizen, are there restrictions on your eligibility for employment? Yes  No

If you do not receive an internship, would you be interested in volunteering? Yes  No   
 Are you a member of the station? Yes  No

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me for my dismissal.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_