



WTNT RADIO INTERNSHIP APPLICATION

Thank you for your interest in the WTNT Radio Internship Program. Your participation is key to our success. Please fill this form out completely. You will be contacted after the receipt of this application by our office for more information and logistics concerning your acceptance in our program.

STUDENT INFORMATION

Student Name		Nick Name	
Parent/Gardian Name			
Street Address			
City	State	Zip	County
Home Phone	Work Phone	Cell Phone	
Student Email			
Parent/Gardian Email			
Emergency Contact		Emergency Phone	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date (mm/dd/yyyy) _____ Grade Level in Aug 2015 _____

PARTICIPATION

Thank you for your interest in participating in the WTNT Radio Internship Program. Please let us know what day and time you are available to work.

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
_____	_____	_____	_____	_____	_____	_____

RESUME SUBMISSION

Please submit your resume to www.wtntradio@gmail.com

<input type="checkbox"/> I have a resume available for submission	<input type="checkbox"/> I do not have a resume available for submission
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ARTWORK, PHOTOGRAPHS AND VIDEO IMAGES

I authorize WTNT Radio and/or assignees or licensees to use art, photographs and/or video images of my likeness for illustrative purposes. I understand that the above activities will result in profits, and that I will not receive any monetary compensation. Permission is granted to make changes or alterations and to use my name or a fictitious name in editorial works or advertising.

Signature	Print Name	Date
Contact us at www.wtntradio.com		



CODE OF CONDUCT

The WTNT Radio Internship Program provides an opportunity for gifted, talented, and creative learners to develop their creative and affective potential. The WTNT Radio Internship Program supports a physically and emotionally safe learning environment. The WTNT Radio Internship Program embraces and celebrates the differences among its participants, and it is expected that all will follow a code of conduct.

- Remain in designated, supervised areas at all times.
- Respect themselves and others, and their property
- Actively and positively participate in classes, options, and other activities.
- Avoid behaviors which infringe upon the rights of other participants to learn and grow.

I agree to follow the WTNT Radio Internship Program Code of Conduct. _____
Student's Signature Date

COMMON RELEASE

I assume all risks associated with my participation in this program, including but not limited to injuries, contact with other participants, traffic, weather, and other such hazards and effects, all of which are known and appreciated by me. Having read this waiver, I for myself and anyone acting on my behalf waive all claims and liabilities of any kind arising from my participation in this event. I grant permission to all foregoing to use any and all electronic media for the appropriate purposes of marketing this program, and in support of this mission as appropriate.

I agree to the event guidelines. I have read and agree to the ongoing behavior guidelines. I understand that my family will be contacted upon review of this completed release to discuss participation availability. I agree to follow the guidelines and regulations that govern The WTNT Radio Internship Program.

Signature Print Name Date

SPECIAL EVENT / ACTIVITIES RELEASE

I agree to release and forever discharge WTNT Radio its Officers, Board of Directors, Employees and Agents, and all vessels and facilities owned and/or operated by WTNT Radio from any damages, and/or operated by Released Parties from any and all liability, damages, claims or causes of action, arising out of or in any way connected with the my participation in the WTNT Radio Internship Program special events and activities.

I further agree to indemnify the WTNT Radio and hold them harmless from any liability, damages, claims, or causes of action made or brought by the said minor or by anyone on behalf of myself as a result of or in any way connected with the my participation in The WTNT Radio Internship Program

Signature Print Name Date



EMERGENCY MEDICAL TREATMENT RELEASE

I agree to receive any emergency medical services deemed necessary by the authorities in charge. It is understood that the resulting expenses will be my responsibility. I further agree to release, discharge and indemnify WTNT Radio, its Officers, Board of Directors, Employees and Agents from any and all liability, damages, claims or causes of action, arising out of or in any way connected to the administration of emergency medical services.

Signature _____ Print Name _____ Date _____

FOOD ALLERGY AND MEDICAL RELEASE

I acknowledge that this is The WTNT Radio Internship Program and that I will receive food that may contain: gluten, peanut, tree nuts, milk, egg, wheat, soy, citrus, corn and meat.

I certify that I _____ [insert name]

Has food allergies Has no food allergies

If food allergies, please list below:

I acknowledge that I am participating in the WTNT Radio Internship Program and that I may need medical attention in case of emergency.

I Do ___ / ___ DO NOT (check one) approve receiving medical attention if needed

I certify that I _____ [insert name]

Has a medical condition Has no medical condition

Please list any medical condition below:

Signature _____ Print Name _____ Date _____