



PEOPLE TV ATLANTA, INC. INTERNSHIP APPLICATION

The mission of People TV, Inc. is to serve the people of Atlanta by: providing public access on an equal opportunity basis to cable and other communications technology; facilitating collaborative communications projects among community organizations, local government and educational institutions; providing training, equipment, production services and funding (when available) to the community for cable access and electronic communications; and advocating Public Access and First Amendment Rights.

Internship Period (choose one):	<input type="checkbox"/> Winter 2009	<input type="checkbox"/> Summer 2009	<input type="checkbox"/> Fall 2009
Internship Dates:	January 12 – April 24	June 1 – August 14	Sept 14 – Dec 11
Application Deadline:	January 02, 2009	April 10, 2009	August 7, 2009

Personal Information:

Name: _____
Last First Middle Initial

Are you at least 18 years of age? Yes No

Current Address: _____
Street City State/Zip Code

Current Phone () _____ Effective Until: / / Social Security # - - .
Area Code Number

College E-mail: _____ Other E-mail: _____

Permanent Address: _____
Street City State/Zip Code

Permanent Phone: () _____ Fax (if available) _____

Emergency Contact:

Name _____ Relationship: _____
Last First MI

Contact's Phone (Day) () _____ (Night) () _____
Area Code Number Area Code Number

Please inform us of any special conditions of which People TV Atlanta, INC. should be aware in order for you to participate fully in our internship program. Use a separate sheet if necessary.



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whatsoever, that arise out of or are in any manner related or attributable to any injury, cost, expense, damage, claim, demand, action or cause of action resulting or arising from my participation in the Internship Program.

I understand and agree that the Internship Program is designed primarily for the educational purpose of providing college students with practical experience related to their academic studies and in no way creates an employment relationship between People TV, Inc. and myself. In addition, I understand and agree that I will be eligible for course credit for my participation in the Internship Program based on the standards set forth by my educational institution and that People TV, Inc. will not otherwise compensate me.

I hereby consent to the use by People TV, Inc. of my name, photo, voice, likeness and biographical information for promotional, advertising, marketing and other purposes without consideration.

I represent and agree that I have carefully read and fully understand all of the provisions of this agreement and that I am knowingly and voluntarily entering this agreement.

Signature: _____

Date: _____

Please Return to:
People TV, Inc.
Attn: Human Services
190 14th Street, NW



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Atlanta, Georgia 30318

Please complete this portion of the form and photocopy it. A copy should be given to 2 individuals who know you well and who will each complete this form. Each individual should return this form to you in a sealed envelope to include with this application. All information is subject to verification. Letters of recommendations are accepted in lieu of this form.

Student Name _____

High School, College or University _____

Waiver of Access: I have requested that this recommendation be filed for use in the selection process for People TV Atlanta, Inc. internship program. In accordance with the Family Rights and Privacy Act of 1994, I have indicated my intention regarding access to this recommendation by checking one of the following options. The recommendation will be sent to placement supervisors.

I waive access to this recommendation. I do not waive access to this recommendation.

TO BE COMPLETED BY INSTRUCTOR /ADVISOR:

NOTE: Application process cannot begin until all components, including this recommendation, have been received by People TV Atlanta, Inc.

Instructor/Advisor Name: _____

Instructor/Advisor Mailing Address: _____

Instructor/Advisor Phone: () _____ Fax: () _____

Instructor/Advisor E-mail Address: _____

How long have you known this student? _____

In what capacity have you known this student? _____

In your opinion, how well do the applicant qualify for this internship? Please use a separate page to provide any additional comments about this student.



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Signature _____

Date: _____.