



INTERNSHIP APPLICATION



Internship period (choose one): **Spring 2018** **Summer 2018** **Fall 2018**
APPLICATION DEADLINE: *January 31, 2018* *March 31, 2018* *July 31, 2018*
Internship Dates: *Mar 5 – May 11, 2018* *May 29 – Aug 3, 2018* *Sept 4 – Nov 9, 2018*

General Information:

Name: _____
Last First Middle Initial

College or University: _____

Are you at least 18 years of age? Yes No

Address: _____
Street City State/Zip

Mobile Phone () _____
Area Code Number Month Day Year

School E-mail: _____ Personal E-mail: _____

Permanent Address: _____
Street City State/Zip

Permanent Phone: () _____
Area Code Number

Person whom radio station should contact in an emergency:

Name: _____ Relationship to Applicant: _____
Last First MI

Emergency contact's phone: (day): () _____ (evening): () _____
Area Code Number Area Code Number

If you cannot reach the radio station by bus or MARTA, can you commute to work by car? Yes No

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

Academic Information:

Status during program Freshman Sophomore Junior Senior Other
Your school's calendar Semester Trimester

Major: _____ G.P.A. _____

Expected Date of Graduation: _____ / _____ / _____ **Number of credits you will receive for your internship:** _____
Month Day Year

Department(s) awarding credits: _____



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Program Area Selection:

Cox Media Group Atlanta welcomes applications from students in all major fields. We are well equipped to handle a wide variety of placement preference areas. In order to direct your application at first reading for proper assignment, please provide us with some initial information about your internship interests.

Please select your first, second and third choices by place a 1, 2 and 3 next to the respective program areas. Every attempt will be made to place you in the area that you most prefer and for which you are most qualified.

- | | | | |
|---|---|-------------------------------------|-----------------|
| <input type="checkbox"/> Programming | <input type="checkbox"/> Digital / Social Media | <input type="checkbox"/> Production | |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> News | | Sales/Marketing |

To be considered for an internship at one of the Cox Media Group Atlanta radio stations, (News 95.5 and AM750 WSB, B98.5; KISS104; or 97.1 The River) the student must:

- Have an instructor and student’s advisor complete and sign the attached evaluation. Evaluations must accompany the student’s application.
- **Compose a 300-word essay: “How a Cox Media Group internship will help me to achieve my goals”**
- Have the Registrar send a copy of the student’s transcript to Condace Pressley, Cox Media Group – Atlanta Radio, 1601 West Peachtree Street, Atlanta, GA 30309

Internship Release, Indemnity and Publicity Consent Agreement:

In conjunction with my application for acceptance into the Cox Radio, Inc. Internship Program (“Internship Program”), I declare that I am a college student, 18 years of age or older and meet the internship eligibility requirements.

For and in consideration of being accepted into the Internship Program, I forever release, discharge and covenant to hold harmless Cox Radio, Inc., its parent, affiliates and subsidiaries and their officers, directors, employees and agent from any and all actions, causes, claims, demands, damages, costs, expenses and compensation, on account of, or in any way growing out of, any and all personal injuries and property damage which may result from my participation in any activity related to the Internship Program other than claims arising from the gross negligence or willful misconduct of Cox Radio, Inc. I further agree that during the term of the internship that I will be covered by major medical insurance plan.

In addition, I agree to indemnify and hold harmless Cox Radio, Inc., its parent, affiliates and subsidiaries and their officers, directors, employees and agents, from, against and with respect to any and all liabilities, claims, damages, judgments, costs or expenses (including reasonable attorney’s fees and expenses), of any kind or nature 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 Cox Radio, 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 Cox Radio, Inc. will compensate me as a part time employee.

I hereby consent to the use by Cox Radio, 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.

Applicant Signature: _____ **Date:** _____



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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 _____

College or University _____

Waiver of Access: I have requested that this recommendation be filed for use in the selection process for Cox Media Group Atlanta's 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 processing cannot begin until all components, including this recommendation, have been received by Cox Media Group Atlanta.

Instructor/Advisor Name: _____

Instructor/Advisor Mailing Address: _____

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

Instructor/Advisor Email Address: _____

How long have you known this student? _____

In what capacity have you known the student? _____

In your opinion, how well does the applicant qualify in the following areas?

Intellectual curiosity	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Seriousness of purpose	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Motivation	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Concern for others	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Leadership	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Academic achievement	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%
Potential for growth	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Top 1%

Please use a separate page to provide any additional comments about this student.

Instructor/Advisor Signature: _____ Date: _____