



INTERNSHIP APPLICATION

Send completed applications to: info@padnet.tv

Name: _____		
Phone #: _____	E-mail: _____	
Address: _____		

City: _____	State: _____	Zip: _____

School Attending: _____

Major/Minor: _____

Year of School: _____ GPA _____

How many credits would you receive for this internship? _____

Date you would be available to start: _____

Please list your available days and times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PADNET Closed	Staff Hours 9am – 6pm	Staff Hours 10am – 7pm	Staff Hours 10am – 7pm	Staff Hours 10am – 7pm	Staff Hours 9am – 4:30pm	PADNET Closed

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Why are you interested in interning for PADNET?

Do you have any previous experience in video production? Please list any applicable skills here.

What are the most important skills that you hope to learn during an internship at PADNET?

What other activities are you involved in? Please list current employment, memberships/affiliations, volunteering, etc.

Signature: _____ Date: _____

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