



Seacrest Studios
Internship Information Packet
2019-2020



Children's National™



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Application Due Dates

Spring-Dec. 6th

Summer-March 15th

Fall - July 15th



Overview of Internship

1.1

Description:

Seacrest Studios works with local colleges and universities who offer programs specializing in mass communications and journalism to provide internships for students who are seeking hands-on experience in broadcasting, television programming and video production through a multimedia center. The internship program is operated in partnership with Children's National Health System and Seacrest Studios.

The internship provides a unique opportunity for college students to gain invaluable experience working in a children's hospital. Interns will have a chance to hone their on-air and technical skills in television and radio while making a difference for the patients and their families.

Our internships provide students with an opportunity to work hands-on in all facets of media production, including DJing/hosting shows, interviewing celebrities and special guests, creating show content, running camera and switcher, editing graphics and animations, designing marketing strategies for programming---all while making a difference in our patients' lives! Our goal is to provide a sense of normalcy, community and distraction for our patients and families, some of whom have considerably long hospital stays and critical illnesses.

1.1 Eligibility:

Applicants for Seacrest Studios internships must be 18 years of age or older and currently enrolled or a graduate of a college or university. The internship program is open to students pursuing careers in broadcasting, journalism, and technical or mass communications. Eligible interns will receive school credit only as determined by their institutions. Three internship terms are available throughout the year: Spring, Summer and Fall. All applicants should enjoy interacting with children and be comfortable working in a medical setting.

1.2 Time Requirements:

Intern shifts will vary in number of days and hours per day and may include some weekend shifts and hours. Scheduling will vary depending on production needs, intern's availability and amount of hours needed for school credit. Interns must complete a **minimum of 10 hours per week** to satisfactorily complete the Children's National Seacrest Studios internship program. Once you are selected for the Seacrest Studios internship program, you will be notified of your start date.

1.3 Financial Considerations:

Seacrest Studios interns do not receive financial compensation, but may receive college course credit as determined by their college or university.

1.4 Intern Orientation:

All Seacrest Studios interns are required to attend orientation. The date for orientation will be sent out to selected applicants.

1.5 Intern Evaluation:

All Seacrest Studios interns will receive a and final evaluation. The evaluation will be completed by both intern and studio staff. This is a chance for interns to talk about their experience at Seacrest Studios, their challenges and success and for the Studio Manager and the Child Life Specialist to assess their performance in the studio.



Session(s) applying for: Fall Winter/Spring Year: _____

Is this internship for course credit? Yes No

Seacrest Studios Internship Application

Personal Information

Hospital policy requires individuals having contact with patients be 18 years of age or older. If you are 15-17 years of age please contact us to discuss alternative opportunities.

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____ Birth date: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Education

College/University: _____

Academic Advisor: _____ E-mail Address: _____

Advisors' Contact Information: () _____

List courses taken which are relevant to Broadcasting, Journalism, Mass Comm. (include date and grade for each):

Please attach resume and provide at least one letter of recommendation from a professor, previous employer, etc. Please do not include recommendations of family members. Letters must be sent to WPAW@childrensnational.org directly from the source.

Experience

List broadcast, journalism and mass communication experiences which have prepared you for this internship:

Dates	Position Held	Location	Number of Hours

List any experiences working with children (specify setting, i.e.; babysitting, school, hospital, volunteer, etc.)

Questions

Though we realize completing application forms can be challenging/limiting, we ask that you respond on this application form and in the space provided. If there is insufficient space for you to complete your response to a specific question, continuing your response on an attached page is acceptable.

1. How did you learn about the internship at Seacrest Studios? _____

2. List your strengths, special skills and talents: _____

3. Describe personal experiences you have/had with hospitals/health care centers and how this has affected your attitude towards hospitals/health care centers: _____

4. Describe your multimedia experience: _____

5. Briefly describe what you think you will experience and what you hope to gain in this Seacrest Studios Internship: _____

6. Describe briefly how you think you would handle your feelings if you were working with: an acutely ill child; a chronically ill child with a life threatening illness; a terminally ill child:

7. Describe your strengths and weaknesses: _____

8. In terms of your professional growth and development, where do you see yourself in 5 years?

Additional Personal and Professional Information

Do you have relatives or friends currently employed with Children’s Hospital? _____

If yes, please give their names and relationship: _____

Have you ever been discharged (fired) or requested to resign from a former position? _____

If yes, please explain: _____

Have you ever been convicted of any offense other than a traffic violation? _____

If yes, please explain: _____

General Information and Authorization for Release

I, the undersigned, certify that I have read, personally completed, and fully comprehend this form in its entirety, and the information herein provided is true and complete without omission, to the best of my knowledge. I understand that should any statement I have made prove false, misleading, misrepresented or erroneous, my application may be rejected, or if participating in an internship, I may be discharged immediately from Children’s Hospital (CH). In submitting this application I further understand that it becomes the property of Children’s Hospital and will not be returned. This application will only be considered complete if signed below on the appropriate line.

I understand that a successful applicant must meet the requirements of the position. Successful applicants will receive conditional offers to participate in an internship, subject to satisfactory completion of a background investigation, a drug screening test and a medical examination. I agree to take any post-conditional offer, medical examination and drug screening test required by the hospital. I also agree to comply with all CH policies and procedures.

I acknowledge and agree that any information or references provided to or received by CH are confidential between the reference and CH and that I will not have access to reference information. I further acknowledge that CH informed me that internship offers made are contingent on receipt of references and /or verification of information I have provided about my work history.

Signature of Applicant

Date

Email Completed Application to:
Nichole and Becca at
WPAW@childrensnational.org