

Loma Linda Broadcasting Network

Internship Application Form



Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone number: (home) _____ (cell) _____ (other) _____

Email: _____ Date of birth: _____

Languages spoken and fluency: _____

Interested in: Short term commitment Long term commitment

Is this internship a school requirement? Yes No Length Required/Intended _____

Other school requirements for your internship, if any: _____

Time frame availability for this internship, hours per day, days of the week, month, term:

Briefly state the reason you chose LLBN for your internship:

Check the area(s) where you would like to cover for your internship:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Camera | <input type="checkbox"/> Motion Graphics | <input type="checkbox"/> Video Editing | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Directing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Video Operations | <input type="checkbox"/> Marketing | <input type="checkbox"/> HR Relations |
| <input type="checkbox"/> Graphics Operations | <input type="checkbox"/> Engineering | <input type="checkbox"/> Writing | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Encoding | <input type="checkbox"/> Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Other - Special skills/training/interests or areas of expertise: | | | |

Educational/Work background: _____

Religious affiliation/denomination: _____

Contact in an emergency: _____ Telephone number: _____

I understand this is strictly a volunteer ministry and not an employment opportunity. I received and read LLBN's Code of Conduct and I agree to follow it. By typing my name in the signature box below, I acknowledge that I have read and agree to all information contained and that this will serve as my true signature.

Signature: _____ Date: _____

Please return form to internship@llbn.tv.
Thank you for your interest to work as an intern for LLBN! We will be in touch with you shortly.

ENGLISH | ARABIC | CHINESE | LATINO | SOUTH ASIA
LIGHTING LIVES, BLESSING NATIONS

(909) 799-6509 | www.llbn.tv | PO Box 550, Loma Linda, CA 92354 | A non-profit 501(c)3 television ministry