



## **ACCESS INTERNSHIP PROGRAM DESCRIPTION**

(Revised 8/11)

The Charter Communications Public Access Internship Program is open to any resident of the franchise area who is at least sixteen years of age, on a first come first serve basis. It requires a seven to eight-month commitment of approximately nine hours per week, or, in the case of students receiving credit, one semester whereby the student will complete 120 hours and three related assignments (a descriptive list of assignments can be obtained by seeing the Public Access Coordinator). Upon completion of the program, the Access Intern (other than students) will have completed a total of 240 hours and will receive a certificate of completion. Interns are required to attend an introductory class session and at least four studio shoots and four workshops in order to learn the basics of television production. Thereafter, you will be requested to practice your skills at actual productions and to attend other classes as they occur, as well as to utilize the knowledge you have gained to produce your own Access show to air on CTV191.

A regularly scheduled four hour time block will be assigned to you which you will spend in the studio each week performing studio related tasks which will be recorded and evaluated. In the case of students receiving credit, hours will influence your final grade! An additional five hours per week should be spent working on projects, scripts or assisting in other Intern, Staff or Access Producers' projects. For those interns who are receiving credit you must complete three assignments in order to have successfully completed Charter's Internship Program (this will be described in more detail upon the beginning of the program). Interns are asked to keep a record of their hours by signing the intern hour sign-in sheet. Upon completion of the program the Access Intern will receive a certificate of completion.



**INTERN INFORMATION FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ CELL: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CT. LICENSE #: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OVER?: \_\_\_\_\_ AGE IF NOT: \_\_\_\_\_

ARE YOU A STUDENT?: \_\_\_\_\_ IF SO, WHERE?: \_\_\_\_\_

MAJOR, IF ANY: \_\_\_\_\_

ARE YOU TAKING THIS FOR CREDIT?: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLANS AFTER GRADUATION: \_\_\_\_\_

WHY ARE YOU INTERESTED IN BECOMING AN INTERN?: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMPL. ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL SKILLS/TALENTS: \_\_\_\_\_

WORK/CLASS SCHEDULE, HOURS YOU ARE **NOT** AVAILABLE

(THIS SECTION IS MANDATORY)

MONDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_



**ACCESS INTERN QUESTIONNAIRE**

NAME: \_\_\_\_\_

Please indicate which areas interest you, as well as your level of interest (3=extremely interested; 2=very interested; 1=somewhat interested; 0=not interested):

- \_\_\_\_\_ Studio Television Production  
(cameras, lights, audio, etc.)
- \_\_\_\_\_ Post Production  
(editing, tagging, dubbing)
- \_\_\_\_\_ Programming  
(find new programming, cablecasting programs on CTV Channel-13)
- \_\_\_\_\_ On Location Production  
(assist in planning and shooting local community events)
- \_\_\_\_\_ Computer Graphics  
(creating titles, logos, and graphics)
- \_\_\_\_\_ TV Writing/Research  
(research, fact-finding, interview questions)

Specific Projects:

- \_\_\_\_\_ Live phone-in show
- \_\_\_\_\_ Community talk show  
(locally oriented public affairs talk show)
- \_\_\_\_\_ Sports
- \_\_\_\_\_ Person on the street interviews
- \_\_\_\_\_ Making your own public access shows
- \_\_\_\_\_ Recording local government meetings
- \_\_\_\_\_ Specials and documentaries  
(creating PSA's commercials, coverage of local events, community stories)
- \_\_\_\_\_ Other  
(please describe)

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**ACCESS INTERNSHIP AGREEMENT**

I understand that my commitment is for seven to eight months at nine hours per week until 240 hours have been completed, or in the case of students receiving credit, 120 hours total. I understand that I will have a regularly scheduled time block of four hours per week, in which I will be expected to be present in the studio at this time, unless otherwise arranged with the studio staff. I also understand that the remaining five hours a week will be “on-call” time for which I will make myself available for productions. I understand that I will be invited to assist on productions when I am not working or attending class, and this assistance may entail, early mornings, late evenings, or weekends. I understand that I am also encouraged to use my additional five hours per week working on Community shoots or Access projects of my own (script writing, field productions, etc.). I understand that I must complete a total of 240 hours or, if a student, at least 120 hours for each school semester or four-month period.

I understand that I will be responsible for keeping track of my own hours on the intern sign-in sheet. I understand that I am expected to be present in the studio for my weekly scheduled time and for productions for which I sign up. If I miss three periods of scheduled time or one production without notifying the studio staff or another producer, I will be subject to termination from the internship program. I understand that three unexcused absences may result in dismissal from the program. If I cannot be present for my studio hours I will notify the staff before hand at 860-738-5090. If I cannot attend a shoot for which I have signed up I will try to find another intern to replace me but I will at least notify the studio staff ahead of time.

I understand that, as an intern I will receive no pay scale, however upon successful completion of my internship, a certificate will be awarded to me. I will also have an opportunity to make a demo tape of any projects or Public Access shows in which I participated in or produced while interning. I understand that my internship may be terminated without prior notice and at will by Charter Communications, and should my internship be terminated, I understand that I may request alternate Public Access avenues of using Charter Communications’ Access facilities.

Charter Communications may consider me for a paid employment position, but is not obligated to offer me such a position nor am I in any way obligated to accept or perform for consideration for such a position. I am responsible for my actions and will conduct myself in a professional manner in relation to any Charter Communications function, and with other interns and Access Producers.

I have read and comprehend all of the above and I have filled out all the necessary forms. Any of my questions or concerns regarding my internship have been answered to my satisfaction.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
If under 18 Signature of Legal Guardian:

Charter Communications Internship Director: \_\_\_\_\_



**PRODUCTION RELEASE FORM**

I, \_\_\_\_\_, understand that any Local Origination, commercial, or industrial production, finished or unfinished, in any manner or form, in which I am involved is the property of Charter Communications or its clients without liability to me for my actions. I hereby assign to Charter Communications all rights in and of such productions, and I hereby authorize Charter Communications without limitation, to reproduce, copy, sell, exhibit, publish, or distribute any such production without further consent.

Any independent Public Access productions in which I participate in are the sole property of the Access producer, with the exception of my own, which would in such a case, belong to myself, and be bound by all rules governing Access production & cablecast.

\_\_\_\_\_  
VOLUNTEER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
IF UNDER 18 SIGNATURE OF LEGAL GUARDIAN

\_\_\_\_\_  
CHARTER COMMUNICATIONS REPRESENTATIVE



**RELEASE AND ACKNOWLEDGMENT OF LIABILITY**

I, \_\_\_\_\_, the undersigned, hereby acknowledge that I have offered - and Charter Communications has accepted - to perform services as a non-compensated volunteer, to perform various services concerning program origination and program production.

I accept full responsibility and liability for any damages caused directly or indirectly by me which are suffered by Charter Communications or imposed upon said company by me as a third party.

While working in conjunction with Charter Communications, I hereby release the company from any and all liabilities to me for injury or harm to me which could result from my performance in volunteer services for the company.

I do realize that I am not bound under any contractual obligation with Charter Communications and, as a result, I am thereby responsible for my own actions. I do have the right to accept or reject the performance of any services, whether offered by me or requested by Charter Communications, which could result in liability or risk of injury to me.

I, \_\_\_\_\_, the undersigned, have executed this Release and Acknowledgment of Liability intending to be legally bound hereby, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
I, the volunteer

\_\_\_\_\_  
If under 18 signature of Legal Guardian

\_\_\_\_\_  
Charter Comm . Representative

# Northwestern CT



## Community TV

### INTERN EMERGENCY CONTACT INFORMATION

PRINCIPAL PURPOSE(S) for which information is intended to be used: (1) Person(s) to be notified in case of emergency (2) Provides several means of contacting interns during an emergency.

**Intern Information as of** \_\_\_\_\_  
Date

Intern Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (Home): \_\_\_\_\_

### Emergency Contacts

#### Primary person to be notified in case of an emergency:

Name: \_\_\_\_\_

Relationship: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### Secondary person to be notified in case of emergency:

Name: \_\_\_\_\_

Relationship: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please be sure to update this form as changes occur