



Atlanta's Best Variety of Life Rock and
Variety of Again for the Most Music While You Work



INTERNSHIP APPLICATION

Internship period (choose one): **Winter 2009** **Spring 2009** **Summer 2009** **Fall 2009**
Internship Dates: *Jan. 12 – March 20* *March 24 – May 30* *June 9 – August 15* *August 25 – Dec. 4*
Application Deadline: **December 15, 2008** **February 29, 2009** **May 1, 2009** **August 10, 2009**

General Information:

Name: _____
Last First Middle Initial

College or University: _____

Are you at least 18 years of age? Yes No

Current Address: _____
Street City State/Zip

Current Phone () _____ Effective Until: / / _____ Social Security # _____
Area Code Number Month Day Year

College E-mail: _____ Other E-mail: _____

Permanent Address: _____
Street City State/Zip

Permanent Phone: () _____ Fax (if available): _____
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 Quarter Semester Trimester Other

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 Radio 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.

- Programming Marketing/Promotions Production Sales
 Sales Sales Operations News (summer only)

To be considered for an internship at one of the Cox Radio Atlanta stations, (News/Talk 750 WSB, B98.5FM, Kiss 104.1, 95-5 The Beat, or the New 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.
- Complete a 300-word essay on why student seeks an internship with a Cox Radio Atlanta station
- Have the Registrar send a copy of the student's transcript to Condace Pressley, Cox Radio Atlanta, 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 not otherwise compensate me.

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 Radio 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 Radio 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	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Seriousness of purpose	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Motivation	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Concern for others	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Leadership	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Academic achievement	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%
Potential for growth	__Below average	__Average	__Good	__Very Good	__Excellent	__Top 1%

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

Instructor/Advisor Signature: _____ Date: _____