



## Internship/Volunteer Application

Thank you for your interest in Saint Paul Neighborhood Network (SPNN).

**Please return completed application in person, via mail or email to:**

Sherine Crooms, Intern/Volunteer Coordinator, SPNN, 375 Jackson Street, Suite 250, St. Paul, MN 55101

If you have any questions, please don't hesitate to call or email Sherine Crooms at 651.298.8909, or by email

[crooms@spnn.org](mailto:crooms@spnn.org)

### CONTACT INFO:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address \_\_\_\_\_

How many hours per week are you available to SPNN? **Per month?**

- **Availability:** (shaded areas represent when SPNN is closed) Place an X to indicate availability.

	Day				Evening								
	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9
<b>Mon</b>													
<b>Tue</b>													
<b>Wed</b>													
<b>Thu</b>													
<b>Fri</b>													
<b>Sat</b>													
<b>Sun</b>													

- **INTERNS ONLY- Volunteers skip this question**

Explain the terms of your internship. Include required hours, credits needed and internship Program Coordinator information. \_\_\_\_\_

\_\_\_\_\_

- **Work History:**

Current Occupation or School/Major: \_\_\_\_\_

- **Previous work experience (paid and volunteer):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INTEREST AND SKILLS ASSESSMENT

Listed below are the areas at SPNN that typically need assistance:

### Production

Studio productions  
Van productions  
Camera work  
Editing projects  
Producing events  
Dubbing video tapes  
Creating graphics

### Administrative support

Mailings/ Filing/ Telephone work  
Marketing/Publicity  
Program scheduling  
Community Outreach  
Graphic design

**Do you have any previous video production or other relevant experience? (If so describe).**

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**How did you hear about opportunities at SPNN?**

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**Are you currently or were you previously a member of SPNN?**

Yes  No

**What do you hope to gain from your activity at SPNN?**

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### **Reference:**

Please provide at least one personal or professional reference other than family.

Name

Phone

Relation

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### **Emergency Contact Info:**

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

Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

*By signing below I agree that the information provided is accurate to the best of my knowledge. I understand that the acceptance of an SPNN internship or volunteer position is my compliance to conform to the organization's policies and regulations. I also understand that this agreement can be terminated by SPNN staff, or board at any time, if performance and communication become unsatisfactory.*

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signed by a legal guardian (if applicant is under 18)**

\_\_\_\_\_  
**Date**

**Thank you for your interest in St. Paul Neighborhood Network and for your desire to build community through television.**