



Hot Springs Documentary Film Institute
INTERN INFORMATION FORM

CONTACT INFORMATION:

Full Name: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Email Address: _____
Home Phone: _____ Cell : _____ Emergency: _____

EDUCATION:

Name of High School: _____ Graduated [] Attending []
Name of College: _____ Graduated [] Attending []
Degree: _____

EXPERIENCE/SKILLS:

Video Camera: Yes [] No [] Info: _____
Film Editing Equipment: Yes [] No [] Info: _____
Projectionist: Yes [] No [] Info: _____
Computer skills: Info: _____

General Office Experience: Info: _____

Have you ever volunteered here? When _____ What did you do? _____

INTERNSHIP:

Name Overseeing Professor: _____
Professor's Phone: _____
Length of Internship: _____ Days Available: Sun [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat []
Hours Available: A.M. _____ P.M. _____ Notes: _____