



## Youth Documentary Workshop Internship Application

Name:

Street Address:

Borough:

Zip code:

Cell phone number:

Email:

Date of Birth:

Name of parents or other Emergency Contact:

1) Daytime phone #:

2) Daytime phone #:

Name of School:

Advisor / Counselor name:

Advisor / Counselor Contact:

Email:

Phone:

Have you discussed this program with your advisor?

Your current grade level:

1. Have you had an internship before? Where, and when?

2. If you could make a film about anything, what would it be about? Who would be in it?

3. Have you ever completed a project with a group? What do you feel are the challenges and benefits of working in groups?

4. Describe a problem in society that is important to you. Why are you concerned about this Issue?

5. Please describe your leadership skills.

6. If there were one thing about yourself that you would like to develop, what would that be? Why?

7. Why are you interested in this internship? What do you hope to take away from this experience?

Once completed, email to [jlevandov@evc.org](mailto:jlevandov@evc.org)