



BOB BAILEY RADIO BROADCAST

INTERNSHIP APPLICATION

Application For High School Students Only

Please Print Clearly:

General

Name: _____ Birthday ___/___/___
(First) (Last)

Street Address: _____ Apt: _____

City: N. Las Vegas / Las Vegas / Henderson State: Nevada Zip Code: _____
(Circle one)

Home Phone Number: () _____ Other Phone Number: () _____

Personal / Education

Sex: M or F Age: _____ Current School Attending: _____
(Circle one)

Year expected to Graduate: 20 _____

Future Career Goals:

Please explain why you are interested in broadcasting:

Volunteer Experience:

Extra-Curricular Activities:

Signature

Date