



**Internship/Volunteer
Emergency Contact and Identification Information**

Name: _____

Address: _____

Local Phone: _____

Cell Phone: _____

Pertinent Medical Information (Optional) _____

Emergency Contacts

| | |
|--------------------|--------------------|
| Name: _____ | Name: _____ |
|--------------------|--------------------|

| | |
|-----------------------|-----------------------|
| Address: _____ | Address: _____ |
|-----------------------|-----------------------|

| | |
|---------------------|---------------------|
| Phone: _____ | Phone: _____ |
|---------------------|---------------------|

Driver's License Information

| | |
|---------------------|--------------------------------|
| State: _____ | Driver License #: _____ |
|---------------------|--------------------------------|

| | |
|-------------------------------|---------------------------------|
| License Plate #: _____ | Make/Model of car: _____ |
|-------------------------------|---------------------------------|

Student Identification Information

School Name: _____

Student Name: _____

Social Security #: _____

Date of Birth: _____

I, the undersigned, hereby authorize WVIA Public Media periodically to obtain and release any and all information pertaining to the educational institution which I am currently attending. I acknowledge that all answers given in this form are true and complete to the best of my knowledge. I agree that this authorization will become effective immediately.

Signature

Date

**PLEASE ATTACH A PHOTOCOPY OF INTERN/VOLUNTEER'S CURRENT
DRIVER'S LICENSE AND SCHOOL IDENTIFICATION CARDS.**