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NOTICE TO ALL INTERNS CONCERNING OPERATION  
OF COMPANY VEHICLES AND/OR PRIVATE  
VEHICLES TO CONDUCT COMPANY BUSINESS

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KIII-TV prohibits the operation of company vehicles by interns. Additionally, company policy prohibits interns from using personal vehicles to transact company business. Violation of this rule will result in the immediate termination of the intern relationship with KIII-TV. Each intern is required to acknowledge his/her receipt and understanding of this policy.

ACKNOWLEDGMENT

I understand that I will be working in an intern position with KIII-TV and that such position is a non-driving position. Accordingly, I agree that I will not operate any company vehicles. Additionally, I will not operate my vehicle for company business. I understand that my failure to comply with these rules will result in the immediate termination of my internship with KIII-TV.

\_\_\_\_\_  
Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

KIII-TV Intern Application  
5002 South Padre Island Drive  
Corpus Christi, Texas 78411

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

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

School: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

Number of credits you will receive for this internship: \_\_\_\_\_

Please tell us what you hope to learn during this internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours/days available for internship: \_\_\_\_\_

Please attach documentation from your school for the credits you will receive. If your school does not provide credits, please provide documentation showing that your school sanctions this.

I understand that KIII-TV is providing me with this internship without any other promises. I understand that I will not receive a job offer at the end of this internship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*INTERN ELIGIBILITY FORM*

Prior to being granted the opportunity to take part in the KIII-TV NEWS internship program, all prospective interns must have this form completed and signed by the appropriate internship official/professor at the college/university they are currently attending.

I certify that:

\_\_\_\_\_ (student's name) is enrolled at  
\_\_\_\_\_ (college/university) in an accredited program.

The on-the-job training and experience to be received at KIII-TV NEWS will be coordinated with and made part of:

\_\_\_\_\_  
(course title and number) which is a regular part of the school curriculum.

The above-named student will receive credit for the work performed upon completion of the stipulated intern assignment.

I acknowledge that this intern assignment will constitute no more than \_\_\_\_ hours per week beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

College/University: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_