



www.cymc415.org

Applicant Contact Information:

Name: _____
Last First Date of Birth Age

Street address _____ City State Zip

Home Phone: _____ Cell Phone: _____

Parent/Guardian Contact Name: _____ SS#: _____

If under 18, please have a parent/guardian sign here: _____
I, _____ (parent signature) give my son/daughter permission to apply for this internship program and to participate if accepted. Date: _____

Education

School/College Attending: _____ Current Grade _____ Expected grad date _____

Counselor/Teacher/Contact @ School _____

Name Phone

How did you learn about CYMC?

Skills & Experience

Please check those that apply:

I interact with computers: _____ often _____ sometimes _____ never

I have access to a computer: _____ at home _____ school _____ work; and **active email:** _____

I know how to:

_____ use the internet _____ e-mail _____ word-processing (like Word, writing papers, etc)

_____ design web page _____ use AdobePhotoshop/other illustration software _____ other

(explain): _____ use editing software(iMovie, final cut) _____ use database software ex. FileMaker Pro

Personal Interests

Interests/What you like to do _____

Program Goals/What you want to learn: _____

Long-Term Career/Ed. Goals _____

WRITE ABOUT 2 PEOPLE TO PROFILE FOR SHORT FILM (1 PARAGRAPH/EA) & ATTACH

Please return this application to Jose-Luis Mejia at CYMC
Conscious Youth Media Crew, 1230 Howard St., San Francisco, California 94103
info@cymc415.org CYMC FAX (415) 621-5353 studio Jose-Luis cell (415) 678-8856