|  |  |
| --- | --- |
| Volunteer Application | /Users/production/Desktop/Generation Listen 16-17-18/Graphics/Logo/GenListenH.jpg |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Critical Listening |
| Event Coordination |
| Recording/Field work |
| Fundraising |
| Idea person |
| Writer/Reader |
| Reviewer |
| Commentator |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports related to public radio and podcasting.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.