



Volunteer Application

Date of application _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Under 18 (if applicable)

Date of Birth _____

Name of Parent or Guardian _____

Contact Information _____

School _____

Year of Graduation _____

Please specify the days and hours you are available to volunteer below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please indicate by number your areas of interest. 10 = highest interest 1 = least interest

_____ Studio Camera Operator	_____ Field Camera Operator	_____ Technical Director
_____ Graphics	_____ Audio Mixer	_____ Editor
_____ Additional Field Production Support	_____ Additional Studio Production Support	

I, the undersigned, understand and agree to abide by all of GO-TV's policies and procedures.

Signature

If applicant is under the age of 18, a parent or legal guardian must sign above.

STAFF USE ONLY

The above volunteer has completed training and received certification in the following areas:

Area	Date of Certification	Area	Date of Certification
Studio Cameras		Audio Mixer	
Digital EFP Cameras		Chyron Graphics	
Technical Director		Editor	

