

# Nine Network Volunteer Application

Name

Street Address

City

State

Zip

Email (our preferred/fastest contact method):

Phone:

Birth Month:

Day:

Are you 18 years or older?

YES

NO

Employer/School:

Position/Major:

## Department(s) of Interest:

Production

Education/Community Engagement

Fundraising

Marketing

Special Events

Other

## How did you hear about this opportunity?

Friend/Family

Website / VolunteerMatch.com

Newsletter/Email

Other:

Are you a member of the Nine Network of Public Media?

YES

NO

**Availability:** I would prefer to volunteer during the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Special requests regarding availability:

(continued on next page)

**Volunteer Experience:** Briefly summarize previous and/or current volunteer positions and activities:

What do you hope to gain by volunteering?

**Qualifications:** Please check the skills/capabilities you have acquired through employment or other activities:

High School Education	Clerical Skills (i.e. answering phones)	Filing Capabilities
Microsoft Office Proficiency	Writing	Editing
Social Media	Website Management/Development	Database Navigation
Teamwork	People Skills	Event Planning
Inventory/Mail	Able to Lift 25+ lbs.	Other:

**References:** List two people who know you well and are not family members. You may include employers, co-workers or friends.

Name	Phone	Relationship
Name	Phone	Relationship

**Emergency Contact:**

Name	Phone	Relationship
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**Have you ever been convicted of a felony?**      YES      NO

**Agreement and Signature:**

I understand that I am interested in volunteering my services and I will not be an employee of the Nine Network of Public Media.

I understand I may come into possession of or have access to confidential information originating from, or having to do with the Nine Network of Public Media or persons associated with our activities that is considered privileged and will not be disclosed to any third party.

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_