



A Community Service of the Low Vision Resource Center

VOLUNTEER APPLICATION

Name: _____

Address: _____

City/Zip: _____ Home Phone: () _____

E-mail: _____ 2nd Phone: () _____

Occupation/Volunteer Work: _____

Applicable Experience: _____

CHECK PREFERENCES:

When is the best time for you to volunteer?

Weekdays: Mon Tue Wed Th Fri *mornings* *afternoons*

Weekends: Sat Sun *mornings* *afternoons*

What volunteer opportunities are you interested in?

Reading for live broadcasts Reading for recorded programs

Technical Assistance Radio Delivery Receptionist Office/Clerical

Telephone Surveys Special Events Other: _____

How did you learn about the Low Vision Resource Center's Owl Radio?

Radio TV Newspaper Health Fair Other: _____

I understand that there will be an interview and audition (where applicable) before any assignment is made. After an assignment has been accepted, there is a 90 day probationary period.

Signature: _____ Date: _____

Return completed form to: Owl Radio
1250 NE Loop 410, Suite 525
San Antonio, TX 78209-1549

Interviewed by: _____ Date: _____ Audition: _____

Training: _____ Assignment: _____