



A Community Service of the Low Vision Resource Center
VOLUNTEER APPLICATION

Name: _____

Address: _____

City/Zip: _____ Preferred Phone: () _____

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

Work/Volunteer Experience: _____

Please Indicate Your Availability To Read During Live Broadcasts?

Day	8-10 a.m.	9-11 a.m.	10-12 a.m.
Sunday			
Monday			X
Tuesday			X
Wednesday			X
Thursday			X
Friday			X
Saturday			X

Are you interested in recording programs for later broadcast?

Yes

No

How did you learn about Owl Radio? _____

I understand I will interview and audition before any assignment is made.
 After an assignment, there will be a 90 day probationary period.

Signature: _____ Date: _____

Return completed form to: Owl Radio, 1250 NE Loop 410, Suite 630, San Antonio, TX 78209

Interviewed by: _____ Date: _____ Audition: _____

Training: _____ Assignment: _____