



A Community Service of the Low Vision Resource Center

VOLUNTEER APPLICATION

Name: _____

Address: _____

City/Zip: _____ Preferred Phone: () _____

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

Occupation/Volunteer Experience: _____

Other Applicable Experience: _____

CHECK PREFERENCES

Volunteer as a:

Live or Remote Broadcast Reader- Reads SA Express News live in the morning during 2 shifts.

Recorder- Studio or remotely records readings of magazines or other periodicals to be played after the live broadcasts. These can be recorded in advance.

Both Live & Recorded Readings

Special Events

Other: _____

When is the best time for you to volunteer?

Weekdays: Mon Tue Wed Thu Fri

Weekends: Sat Sun

How did you learn about San Antonio Low Vision Club'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 N.E. Loop 410, Suite 800
San Antonio, TX 78209-1549
