

# KIT-TV Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

**During which hours are you available for volunteer assignments?**

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

## Interests

**Tell us in which areas you are interested in volunteering**

Filming     Editing     Newsletter Production

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name of Volunteer (printed)	_____
Signature	_____
Date	_____
Parent or Guardian (printed)	_____
Signature	_____
Date	_____

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, or, religion, national origin, gender, sexual preference, age, or disability. **Please drop off or mail to: KIT-TV, 4 1/2 E. Main Street, Tipp City, OH 45371. Phone: 937-667-8622.** Thank you for completing this application form and for your interest in volunteering with us. We will be in contact with you soon.