



Volunteer Application

The information on this form will help us to find the most satisfying and appropriate volunteer opportunity for you.

Your cooperation in completing this form is most appreciated. Please tell us a little about yourself:

Name	Date
Address/City/Zip	
Home/Cell Phone:	
E-mail:	
Do you speak any other languages other than English Ye	es or No
Do you have office experience? Yes or No	
Please provide us with your availability (Days and Time)	
Type of volunteer work in which you are interested? (Check all that applies) Special Event, Office work, Tour Guide, PBS Character dress up	
Have you ever been arrested, convicted of a crime? Yes or No	
If your answer is YES, a detailed written explanation MUST be attached to this application.	
Please give us an emergency contact:	
Name:	Tel:
The facts set forth in my application are true and compl	ete.

Friends of WLRN Public Radio & TV
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