

Volunteer!

Volunteer Agreement for Production Services

Please complete this agreement and fax to us at 586.697.5343 or scan and email: contact@micommunitymedia.org or return to us at the above address. We will contact you to confirm receipt and further discuss your interests.

What's your interest? Editing, Camera work, Announcing

Camera work

- I have little or no experience
- I have prior experience
- I have prior experience with education

Editing

- I have little or no experience
- I have prior experience
- I have prior experience with education

Announcing (must be fearless!)

- I have little or no experience
- I have prior experience
- I have prior experience with education

PLEASE INDICATE WHICH DAYS/TIMES YOU CAN VOLUNTEER

- Monday
 Tuesdays
 Wednesdays
 Thursdays
 Fridays
 Weekends
 Daytime
 Evenings

Know anyone else who may be interested in volunteering? Please include names/info below:

Volunteer Name _____

Email _____ Phone _____

Volunteer Name _____

Email _____ Phone _____

I understand that by volunteering for WBRW TVMi Community Media's Production Services Agreement that I must abide by the rules and policies set forth by the direct supervisor of the program. It is also understood that the department may choose not to use me as a volunteer if no help is needed or for any other reason. In consideration of participation, the undersigned recognizes that injuries sometime occur in connection with programs and activities and hereby exonerates WBRWTV/Mi Community Media, Washington Township, Romeo and Bruce Parks and Recreation, Romeo Community Schools, its employees and volunteers, for any liabilities in connection therewith. We do not supply accident insurance.

Signature _____ Date _____

CONTACT & OTHER INFORMATION OF PERSON APPLYING TO VOLUNTEER

If a minor, include legal guardian's name and signature

Name _____

Address _____

Town _____ **Zip** _____

Cell phone _____ **Home phone** _____

Email _____

Please note that WBRW TV uses email as its primary manner of communicating with volunteers, so please make sure to clearly list your email address. If you do not have email, please write "I do not use email" in the field and make sure you clearly list your phone number(s).

Legal Guardian *(please print)* _____

Signature _____

EMERGENCY CONTACT

Name _____ Address _____

Town _____ Zip _____

Cell Phone _____ Home Phone _____

EXPERIENCE

Please list any previous and current volunteer work experience with respective dates:

Location _____ Date _____

Location _____ Date _____

Do you have any physical limitations, please describe: _____

EDUCATION/EMPLOYER

Current employer _____

Employer address/phone _____

Education *please include all that apply:*

Trade school, name and years attended _____

Some college, name and years attended _____

College degree, name and year graduated _____

SECURITY

Driver's License No. _____

Have you ever been convicted of a felony? _____

If yes, then explain: _____
