

VOLUNTEER APPLICATION								
Thanks for your interest in WSNC 90.5 FM								
Name (Please print clearly): AKA:								
Last, First, Middle								
Street:								
City:		State:	Zip:					
Primary Phone:	Secondary Phone:							
Email:	Date of Birth (MM/DD/YY):							
Emergency Contact Name:	Relationship:		Phone:					

Please specify which time you are available below. Example: Monday evening 7pm – 10pm									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning									
Afternoon									
Evening									

*** You will be required to sign an agreement if selected to volunteer ***

Check the area(s) that you are interested in at WSNC.

- □ Membership: answering phones to take pledges, packaging thank-you notes/gifts
- □ Community Outreach and Event : Represent WSNC at community functions
- □ Internet and Information Technology: web design and social media
- On-Air: serving as host of music, public affairs, and/or entertainment programs Details:
- □ Production: on-air and/or off-air

How did you hear about WSNC?

Why do you want to volunteer with WSNC?

Special qualifications (education, languages, training, etc.):

List any previous volunteer positions and duties:

Please list the name and phone number of reference:

Please list your interests (hobbies, etc.):

WSNC accepts the service of all volunteers with the understanding that such service is at the sole discretion of the organization. Volunteers agree that WSNC may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization. Likewise, the volunteers may at any time, for whatever reason, decide to sever the volunteer's relationship with WSNC.

Signature _____