

Radio Information & Web Streaming Service Volunteer Application
College of Fine Arts and Communication

Application Date: _____

Name: _____

School Address: _____ **Phone:** _____

Perman. Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-mail: _____

In case of an emergency contact: _____

Major: _____

Expected Date of Graduation: _____

Occupation: _____

How did you find out about the audio information services? _____

If you volunteer for class credit, please supply the following:

a. **Name of class and course number** _____

b. **Name of professor** _____

c. **Hours required for credit** _____

Times Available to Volunteer (include days and times)

Would you be willing to be a substitute reader (i.e. come in on an as-needed basis)

Yes _____ **No** _____ **Maybe** _____

(microsoft: a & c:risvolunteer application) updated 2004

Thank You!