

Sequim Community Broadcasting (SCB) **KSQM 91.5 FM**

Volunteer Application

Applicant Contact Information

Date: _____

Incomplete applications may not be accepted. In order for your application to be complete, (if you are 18 or over) we will ask to make a copy of your State Issued ID for our files.

First Name: _____ **MI:** _____ **Last Name:** _____

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

Home #: _____ **Cell #:** _____ **Work #:** _____

EMAIL: _____

How did you hear about volunteering at KSQM _____

Why are you interested in volunteering with KSQM? _____

What do you hope to learn as a volunteer or intern? _____

Previous Volunteer & Work Experience

Have you been an SCB/KSQM Volunteer in the past? _____

(If YES); Approx. start date: _____ Approx. end date: _____

Reason for leaving SCB/KSQM: _____

Employment

Current status: Employed Retired Student Unemployed Other

Name of Current Employer, (if applicable): _____

Job Duties: _____

Education

Highest level of education: High school Vocational/Tech Undergraduate Graduate Degree

Do you hold any professional certifications? _____

Are you currently attending school? (if yes) Name of school: _____

Educational goals: _____

Availability

During which hours are you available for volunteer assignments? *Mark with an X*

	MON	TUES	WED	THU	FRI	SAT	SUN
6 – 9 am							
9 – 12 pm							
12 – 3 pm							
3 – 6 pm							
6 – 9 pm							

How much time would you like to volunteer each week? _____

Date you are available to begin volunteering? _____

Interests

In which areas are you interested in volunteering?

- | | | |
|---|---|--|
| <input type="checkbox"/> Radio Announcer (3hr shifts) | <input type="checkbox"/> Newsroom | <input type="checkbox"/> Technical/Engineering |
| <input type="checkbox"/> Studio Production | <input type="checkbox"/> Reception (3-4hr shifts) | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Promotions/Events | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Clerical/Data Entry |
| <input type="checkbox"/> Record Library | <input type="checkbox"/> Food Service | <input type="checkbox"/> Ticket Sales |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Event Setup/Decorate | <input type="checkbox"/> Website |
| <input type="checkbox"/> Underwriting/Sales | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Mop & Shine |

Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

Certifications/Permits and Expiration Dates (e.g. CPR, First Aid, Food Handlers Card):

Languages (other than English) _____

Criminal Background

KSQM performs Washington State Patrol Background Checks on all volunteers. Applicants shall disclose if he/she has been:

- (a) Convicted of a crime;
- (b) Had findings made against him/her in any civil adjudicative proceeding;
- (c) Has both a conviction and findings made against him/her.

Have you ever been convicted of a felony or a misdemeanor? ____NO ____YES

(If YES), please state the date, place and nature of the offense(s).

The following is required: Date of Birth _____ (mmddyy) Gender __Male __Female

Applicants will be notified of the Washington State Patrol's response and provided a copy.

References

Please provide us with three references. Include people with whom you have volunteered, been employed, or gained some type of work experience.

Name	Phone #	Relationship	Years Known

Person to Notify in Case of Emergency and Reasonable Accommodations

Name: _____ Relationship: _____

Complete Address: _____

Home #: _____ Cell #: _____ Work #: _____

Do you require any accommodations? __Yes __ No

If yes, what accommodation? _____

Emergency Medical Treatment Agreement

In the event of a medical emergency, the undersigned authorizes KSQM and their designated agent to authorize such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

Liability Release and Hold Harmless Agreement

I wish to participate as a volunteer at KSQM. I understand there may be some risk associated with any volunteer activity and I am participating at my own risk. I, individually, and/or parent or guardian of a volunteer, hereby release and hold harmless KSQM for accidents, damage, death, illness, or injury to me suffered during or in connection with my volunteer work with KSQM.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true, correct and complete. I authorize KSQM to verify any information relevant to my suitability as a volunteer. 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 from any volunteer assignment.

Volunteer Participant Name (printed): _____

Signature: _____ Date: _____

Parental Consent (required of youth volunteers, ages 18 and under):

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____

Privacy Notice

1. The principal purpose for requesting the information on this form is to evaluate qualifications of prospective volunteers.
2. Station policy authorizes the maintenance of this information.
3. Furnishing the information is mandatory.
4. Information gathered will not be furnished to the public. Be aware that contact information for our volunteers is available within our office.

General Manager: _____ Date: _____