

VOLUNTEER APPLICATION

Connecticut Radio Information System
315 Windsor Avenue
Windsor, CT 06095-4536



Phone: 860-527-8000
Fax: 860-727-9581
E-mail: crisradio@snet.net

To be filled out by CRIS

Start Date: _____

Mr. Mrs. Ms. Last Name: _____ First Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home E-mail: _____ Work E-mail: _____

VOLUNTEER PREFERENCES

Please check your preference(s)

- | | | |
|-------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Reader-Live | <input type="checkbox"/> Reader-recorded | <input type="checkbox"/> Board Operator, audio editing |
| <input type="checkbox"/> PR assistant | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Clerical/Office |
| <input type="checkbox"/> Mailing Projects | <input type="checkbox"/> Telephone | <input type="checkbox"/> Board of Directors |

Indicate studio preference: Windsor Danbury Norwich Trumbull West Haven

If you are available for the Speaker's Bureau, list towns or areas where you are willing to travel:

How did you learn about CRIS? _____

Current employer (school if student): _____

Retired from: _____

Volunteer experience: _____

IN CASE OF EMERGENCY

Person to notify _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell: _____

application continues on other side

VOLUNTEER AVAILABILITY

My schedule is flexible

I am available as follows:

Day(s) of Week _____ Hours: _____ am pm

Some grant funding sources require CRIS to report information about volunteer age, race and disability status. This information is not used for any other purposes. Your cooperation is requested, **but not required for volunteer service.**

Ethnicity: Caucasian African-American Native American Hispanic Asian

Do you have disability? No Yes ___Please define _____

Date of Birth _____ - _____ - _____

TALENT RELEASE

I grant authority to Connecticut Radio Information System, Inc., and those acting within its authority, to distribute via radio, television, telephone, and the internet my name and all live or recorded readings and/or performances submitted by me. Authority is also granted to record and copy my submitted readings and/or performances to audiotape, cd, or any other medium, for distribution to individuals or groups as Connecticut Radio Information System, and those acting within its authority, deem appropriate.

Signature of Volunteer

Date

Signature of Parent or Guardian [if volunteer is under 18]

Date

STATEMENT OF CONFIDENTIALITY

I promise to respect the privacy and confidentiality of all listeners of CRIS.

Signature of Volunteer

Date

Return Application to: Connecticut Radio Information System, 315 Windsor Avenue, Windsor, CT 06095.

For CRIS Office

Interviewer Comments:

Interview Date: _____ Assignment: _____

Interviewer's Signature: _____ Date: _____