WJCT Radio Reading Service
Volunteer Application

Please print.

Name: _____
First MI Last

Street Address: _____

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

Home Phone: (_____)_____ **Cell:** (_____)_____

Email: _____ **DOB:** _____/_____
Month Day

Occupation/Employer: _____

How did you hear about us? _____

Please circle shift(s) you are most regularly available to lend your voice.

MON	TUE	WED	THU	FRI	SAT	SUN
8-10am	8-10am	8-10am	8-10am	8-10am	10-12n	12n-2pm
10-11am	10-11am	10-11am	10-11am	10-11am		
11-12n						

Clerical & office support volunteers:
Please specify day & time you are available. _____

Submit application to:

WJCT Radio Reading Service
100 Festival Park Avenue
Jacksonville, FL 32202

For more information, visit www.wjct.org/radio/reading or call 904-358-6308.

RRS OFFICE USE

Date Received: _____ Audio Demo & Interview: _____ Start Date: _____