

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.

<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>
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: _____