LISTENER DATA/
Radio application form
WJCT Radio Reading Service (RRS)

RRS Listener Name: (Please print on line below)

_____

Street Address: (Please print on line below)

_____

City: _____ **State:** _____

Zip:_____

Facility Name (if applicable): _____

Home Phone: (_____)_____

Mobile Phone: (_____)_____

Best Phone to Contact You: (_____)_____

Email Address: _____

Date of Birth: **(Year only)** _____

Sex: _____**Female** _____ **Male**

Are you a Veteran? _____Yes _____No

Please check one of the following. I live:

_____ alone
_____ as a member of a household
_____ in assisted living/ nursing home/other facility
_____ other (please specify)_____

I am unable to read ordinary print materials due to the following condition(s). Check all that apply:

_____legally blind _____partial/declining vision
_____reading disability _____physical challenge(s)
_____other (specify)_____

How did you hear about the WJCT RRS?

_____
_____
_____

Please check one of the following statements:

_____I prefer to listen to the RRS via the internet and will <u>not</u> require a special radio receiver from WJCT (listen at wjct.org/radio/reading)

_____I prefer to listen to the RRS on a special radio receiver provided by WJCT, on loan and free of charge. Please send it to me at my address provided above.

FOR LISTENERS <u>REQUESTING</u> A SPECIAL RADIO RECEIVER:
Please provide the name of a friend, relative, or caregiver who will be the contact person who agrees to return the radio receiver if you are not able to return it on your own.

My Name (Listener): _____

My Contact's Name: _____

Contact's Relationship to above Listener: _____

Contact's Address:_____

City: _____ State: _____

Zip: _____ Contact's Telephone: (_____) _____

Radio Receiver Agreement (For Listeners who are requesting a special radio receiver):

1. **The RRS receiver will only be used by someone unable to access print.**
2. **The RRS receiver is being lent to me free of charge.**
3. **If I move from Northeast Florida or Southeast Georgia, or can no longer use the service, I or my contact person listed above will arrange to have the unit sent back to WJCT at 100 Festival Park Ave., Jacksonville, FL 32202. (The radio does not get reception outside of this geographic area.)**
4. **The receiver cannot be given to another individual and is the property of the WJCT RRS.**
5. **I or my contact person will inform the RRS of any change in address, phone numbers and email so that we can keep our listener database up to date.**

____Yes, I understand and agree to these terms.

WJCT collects the information in the table below in order to apply for grants in support of the RRS. Providing this information is <u>optional.</u>

ORIGIN (circle one)	**RACE** (circle one)	**ANNUAL INCOME** (circle one)
Hispanic/Latino/ Spanish	**White**	**$ 0-26,999**
Not Hispanic/Latino/ Spanish	**Black**	**$27,000-49,999**
	American Indian/ Alaska Native	**$50,000 and above**
	Asian	
	Native Hawaiian/Other Pacific Islander	
	Mixed	

Support

WJCT Radio Reading Service is a non-profit service depending solely on donations to operate. Contributions are vital to the continued success and growth of this service. A donation is appreciated, but inability to contribute will not affect your eligibility to access the RRS. Tax-deductible gifts will provide news, information, entertainment, and cultural opportunities to community members who are visually impaired and print-challenged. You will connect and engage listeners as you give the gift of independence.

Make tax-deductible donations to:

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

Phone: 904-358-6308
RRS web site: wjct.org/radio/reading

Version: NOV2015

RRS OFFICE USE:

*Date Received*_____*Date Radio Mailed*_____*Radio Serial #*_____