



KSER VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

Street or P.O. Box: _____

City: _____ Zip: _____

E-Mail: _____

Phone Number

☐ Home _____ ☐ Work _____ ☐ Mobile _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Areas of Interest (number in order of preference)

ON THE AIR:	BEHIND THE SCENES:	GENERAL OFFICE:
<input type="checkbox"/> Music Programs	<input type="checkbox"/> Remote Recording	<input type="checkbox"/> Computers
<input type="checkbox"/> Public Affairs	<input type="checkbox"/> Audio Production Assistant	<input type="checkbox"/> Graphics
<input type="checkbox"/> Board Operator	<input type="checkbox"/> Publicity	<input type="checkbox"/> Mailing/Filing/Phones
<input type="checkbox"/> Other	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other
	<input type="checkbox"/> Music Library	
	<input type="checkbox"/> Other	

Days and hours available: _____

Days and hours NOT available: _____

Please briefly describe the type of work you're interested in doing at KSER and note any skills and/or experience you could contribute to KSER: (Use the back if necessary)