



Radio Information Service for the Print Disabled

WMHT 4 Global View, Troy, NY 12180 (518) 880-3436

www.wmht.org jstah@wmht.org

Volunteer Application

Personal Information

Date of Application _____

Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Business Phone _____

Email _____

Employer _____

Occupation _____

Name, Address, and phone number of emergency contact person:

Have you previously volunteered for any WMHT activity? _____

How did you hear about RISE? _____

What are your interests & hobbies? _____

Are you currently volunteering elsewhere? _____

Education

High School / College _____

Trade / Business / Correspondence Schools _____

Other training or skills that will serve you in your volunteer role: _____

Areas of Volunteer Interest (Please check all activities that interest you)

- | | |
|--|---------------------------------|
| _____ Live newspaper reading | _____ Training other volunteers |
| _____ Recording Books | _____ Public speaking |
| _____ Recording Magazines | _____ Phoning Listeners |
| _____ Providing office support | _____ Soliciting donations |
| _____ Providing technical studio support | |

What publications do you read regularly? _____

Availability

What specific *days and hours* **are** you available to volunteer? _____

What specific *days and hours* **are** you **not** available? _____

Personal References (Please list two)

1. Name: _____ Phone _____
Address: _____
Relationship: _____

2. Name: _____ Phone _____
Address: _____
Relationship: _____

Agreement

I have read the RISE informational materials and understand the requirements and qualifications for becoming a RISE volunteer.

Signature _____ Date: _____