



VOLUNTEER APPLICATION

Last Name First Name Date of Application

Address Street

City State Zip + 4 Digit Ext. County

Home Phone Business Phone

Email

Employer Occupation

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

Have you previously volunteered for any WMHT activity? Yes No

How did you learn about RISE? _____

What are your interests and 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: _____





VOLUNTEER APPLICATION

AREAS OF VOLUNTEER INTEREST *(Please check all activities that interest you)*

- Live Newspaper Reading
- Recording books
- Recording magazines
- Providing office support
- Providing technical studio support
- Training other volunteers
- Public speaking
- Phoning listeners
- Soliciting donations

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 to volunteer? _____

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 _____

