



www.mytv26.org mytv26station@gmail.com (209) 410-9494

MYTV26 Volunteer Application

Please print and use blue or black ink

Name: _____

Volunteer Season circle your available month(s)

Spring(March-May)/ Summer(June-August)/ Fall(Sept. –Nov.)/ Winter(Dec.-Feb.)

Address: _____ City: _____ State: ____ Zip : _____

Home Phone: _____ Work Phone: _____ Date of Birth: ____/____/____

E-Mail Address: _____

GENERAL INFORMATION

Current Employer: _____

City: _____ State: ____

COMMUNITY ORGANIZATION AFFILIATIONS

Volunteer Experience: _____

What days and hours are you available to volunteer? _____

For which programs or activates would you like to volunteer? _____

With which age group would you like to work with? (Please circle your choice) 7-9 10-13 14-17 18+

Have you ever been convicted of a felony or misdemeanor? YES NO

If YES, please explain: _____

Are you willing to adhere to the policies, rules and regulations of MYTV26

YES NO

Will you participate in a Volunteer Orientation Program (one day)?

YES NO

Please list at least three references (1 relative & 2 non-relative):

- 1. _____

Name	Address	City	State	Zip	Phone
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- 2. _____

Name	Address	City	State	Zip	Phone
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- 3. _____

Name	Address	City	State	Zip	Phone
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IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that all information in this application is true and complete. I authorize confirmation of all information in this application. I hereby relinquish my rights and release you from liability by reason thereof, for the purpose of conducting a background investigation regarding criminal history.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Date of Interview: _____

Application Approved: _____ Application Declined: _____

Assignment/Area: _____

Projected Date(s) of Service: _____

Staff Signature: _____

PLEASE PRINT NAME ABOVE