

APPLICATION FOR VOLUNTEER SHOW HOST

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle Initial

Address: _____
Street City/State Zip

Home Phone: _____ Mobile Phone: _____

E-mail address: _____ D.O.B. _____

Emergency Contact Information:

Name: _____

Relationship: _____

Daytime Phone Number: _____

SHOW INFORMATION

Type of Show Desired to Host: _____

Desired Name for Show: _____

Weekly: _____ Daily: _____ Semi-monthly: _____ Monthly: _____

Show Length: ½ Hour _____ 1 Hour _____ 2 Hours _____

Would you do your show live or pre-recorded? Live _____ Recorded _____

Take Live Call-Ins? Yes _____ No _____

Your background in this area: _____

Would winter travel interfere with your ability to host your show? Yes ___ No ___

Please describe why you feel qualified to speak about this subject on an on-going basis (Include any work experience, areas of study, etc.):

Do you expect to have a co-host or back-up person to assist you? Yes ___ No ___

Name: _____ Phone: _____

Are you willing to learn how to operate the studio equipment including the control board? Yes ___ No ___

OFFICE USE ONLY

Reviewed By: _____

Date: _____

Results of interview:
