



AUDITION

- Atlanta
- Macon
- Savannah
- 1st Audition _____
- 2nd Audition _____
- Results Confirmed _____
- Trained _____

VOLUNTEER APPLICATION Note: GaRRS requires all volunteers to attend an orientation

Name _____ Home phone _____ Cell _____

Street Address _____ City _____

County _____ State _____ Zip _____

Email Address _____

Occupation _____ Company _____

Activities and interests _____

How did you hear about GaRRS? _____

Are you able to provide an average of two hours per week to GaRRS on a regular basis? Yes No
 Please indicate times / shifts you might be available to volunteer for GaRRS:

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unable to complete the reading audition, please indicate any of the following you are willing to undertake:

TECHNICAL

- Research / Program Development
- Website Support
- Sound Editing and Production
- Script Writing
- Broadcast Interviews

PROMOTION & PUBLICITY

- Community Contact, Speakers Bureau
- Fundraising
- Grant Writing
- Newsletters
- Event Support

ADMINISTRATIVE

- Data Entry
- Telephone
- Bookkeeping
- Data Entry

OTHER

- Delivering radios to blind listeners
- Transportation for blind listeners
- Train the Trainer (orientation, sound production, recording, etc.)

Please list the newspapers and magazines you regularly read _____

Please indicate the subjects of particular interest to you

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> FINANCES / MONEY | <input type="checkbox"/> ART | <input type="checkbox"/> REGIONAL / LOCAL NEWS | <input type="checkbox"/> SCIENCE FICTION / FANTASY |
| <input type="checkbox"/> PUBLIC AFFAIRS | <input type="checkbox"/> MUSIC | <input type="checkbox"/> RELIGION | <input type="checkbox"/> MYSTERY/THRILLER |
| <input type="checkbox"/> WORLD AFFAIRS | <input type="checkbox"/> DRAMA | <input type="checkbox"/> PHILOSOPHY | <input type="checkbox"/> COOKING |
| <input type="checkbox"/> CHILDREN'S STORIES | <input type="checkbox"/> ADVENTURE | <input type="checkbox"/> SCIENCE | <input type="checkbox"/> BIOGRAPHIES |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> HEALTH / NUTRITION | <input type="checkbox"/> HISTORY | <input type="checkbox"/> FICTION |
| <input type="checkbox"/> ENVIRONMENT | <input type="checkbox"/> RECREATION / SPORTS | <input type="checkbox"/> TRAVEL | <input type="checkbox"/> HUMOR |

Non-English languages you are proficient in reading or translating _____

Are you willing to read materials that may contain language or topics that may be offensive? Yes No

The following demographic information is sometimes required by our funders. This information will not be associated with the volunteer's personal information in any grant application, report, survey, etc.

GENDER

- MALE
- FEMALE

AGE

- 0 – 18
- 19 – 54
- 55 – 85
- 85+

RACE

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- TWO OR MORE RACES
- HISPANIC OR LATINO
- OTHER _____
- WHITE

Birth day and month _____

Medical conditions or accommodations we should be aware of _____

Emergency contact person _____ **Tel** _____

RELEASE OF LIABILITY I, _____ agree, that in connection with my involvement in activities undertaken for, and the participation and support of the Georgia Radio Reading Service (GaRRS), I, for myself, my heirs, assigns, executors, and administrators release and discharge GaRRS, its Board of Directors, its employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from gross negligence; and, I agree to release and hold GaRRS, its Board of Directors, its employees, agent, and volunteers harmless from any cause or action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

OATH OF CONFIDENTIALITY I, _____ agree to respect the confidentiality and privacy of listeners and contacts of the Georgia Radio Reading Service (GaRRS). Confidential information includes but is not limited to: plans, employment information, social security numbers, dates of birth, news story sources, staff members, volunteers, and listeners' phone numbers and any other information I might be privy to in the course of my volunteer role. I understand that the information of a confidential nature that I am exposed to must remain confidential and is not to be discussed with anyone outside of the radio station. I understand that breaching the trust of confidentiality will result in the termination of my GaRRS volunteer position.

Applicant signature and date

Parent signature (if applicant is under age 18) and date