



## RADIO READING VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

In Case of emergency while you are volunteering, whom should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

### Release Of Liability

I hereby release Lowell Association for the Blind, at 169 Merrimack Street 2<sup>nd</sup> floor, Lowell, Ma 01852 from any and all liability due to accident or injury, which might occur during my participation in volunteer activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteers under the age of 16 years must be accompanied by an adult while volunteering.**

**(OVER)**

**VOLUNTEER POSITIONS: (Please write in the day and time of availability)**

**TIC RADIO READING SERVICE**

**Day Available                      Times Available**

\_\_\_\_\_ **Monday**                      \_\_\_\_\_

\_\_\_\_\_ **Tuesday**                      \_\_\_\_\_

\_\_\_\_\_ **Wednesday**                      \_\_\_\_\_

\_\_\_\_\_ **Thursday**                      \_\_\_\_\_

\_\_\_\_\_ **Friday**                      \_\_\_\_\_