

Harvard Community Radio

P.O. Box 782

Harvard, IL 60033

(815)943-4115

harvardradio@gmail.com



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree to our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us to find the most satisfactory volunteer opportunity that will best fit your skills and desires.

Thank you for your interest in this organization.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

eMail _____

Any special skills or talents that you feel would benefit our organization?

Please indicate days and times available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-12	AM	AM	AM	AM	AM	AM	AM
12-6	PM	PM	PM	PM	PM	PM	PM

Any physical limitations? Yes No

Please explain: _____

Emergency Contact

Name _____ Phone _____

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, it's employees and it's affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform at the organization. I agree that all of the work that I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature _____ Date _____