

## Application

# Be more involved

Name

Address

City

State

Zip

E-mail Address

Phone

**If you are registering a group, please provide the following additional information:**

Organization Name

Number of Members

Age Range

Address

City

State

Zip

Contact

E-mail Address

Organization Phone

Fax

Type of Organization

What is the mission of your group?

**Please indicate below the approximate times you are available.**

Mondays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Tuesdays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Wednesdays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Thursdays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Fridays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Saturdays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Sundays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

**Skills, Special Interests, Areas of Preference or Expertise:**

PLEASE CHECK ALL THAT APPLY

- Preparing Mailings (*our greatest need*)
- Helping With Special Events
- Wearing a Costume
- Performing Clerical Duties

Could we call you on an emergency basis? (Subject to your availability)  Yes  No

*We look forward to working with you!*



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