

VOLUNTEER APPLICATION:

NAME: (First) _____ (Last): _____

ADDRESS: _____

CITY: _____ ZIP _____

COUNTY: _____ TELEPHONE: _____

EMAIL: _____@_____ (we use email as a primary form of contact)

BIRTHDATE: MM/DD/YYYY____/____/____

OCCUPATION:

EMPLOYER: _____

EMPLOYER PHONE: _____

POSITION: _____

CLUBS & ORGANIZATIONS INVOLVED WITH:

VOLUNTEERING OPTIONS WITH AINCOLORADO:

AINCOLORADO READERS, READ FROM HARD COPY AND ONLINE VERSIONS OF LOCAL COLORADO NEWSPAPERS DURING AINCOLORADO STUDIO HOURS M-F 8AM- 5PM; SAT & SUN 8AM-NOON
MINIMUM WEEKLY COMMITMENT 2 HOURS

*READERS: (CIRCLE HOURS PER WEEK AVAILABLE) 2 3 4 5 6 7 8 9 10

* ALL VOLUNTEER READERS MUST PASS A READING AUDITION

OUTREACH: (CIRCLE HOURS PER WEEK AVAILABLE) 2 3 4 5 6 7 8 9 10

PUBLIC RELATIONS: (CIRCLE HOURS PER WEEK AVAILABLE) 2 3 4 5 6 7 8 9 10

EQUIPMENT SETUP: (CIRCLE HOURS PER WEEK AVAILABLE) 2 3 4 5 6 7 8 9 10

SPECIAL EVENTS: (CIRCLE HOURS PER WEEK AVAILABLE) 2 3 4 5 6 7 8 9 10

IF YOU HAVE EXPERIENCE THAT QUALIFIES YOU IN ANY OF THE ABOVE AREAS OF VOLUNTEER WORK PLEASE LIST:

Return Application:

Audio Information Network of Colorado

1700 55th Street. Ste A; Boulder, Colorado 80301

Attn: Kat Bradbury Director of Volunteer Services

Phone: 303-786-7777x103 Fax: 303-939-8013

Email: kat@aincolorado.org web: www.aincolorado.org

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