



**CABLE VOLUNTEER REGISTRATION**

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

BADGE# \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Drive License: \_\_\_\_\_

SKILLS, QUALIFICATIONS, HOBBIES, WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST:**

PRODUCER: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_

FLOOR DIRECTOR: \_\_\_\_\_

CAMERA: \_\_\_\_\_

AUDIO: \_\_\_\_\_

LIGHTING: \_\_\_\_\_

EDITING: \_\_\_\_\_

CHARACTER GENERATOR: \_\_\_\_\_

OTHER AREAS OF INTEREST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYS/HOURS YOU WOULD BE AVAILABLE FOR VOLUNTEER WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**CABLE VOLUNTEER REGISTRATION**

I have read and fully understand the general rules and regulations governing the operation of the Wyandotte Municipal Services Cable TV Studio Facilities. I agree to abide by them.

Signed: \_\_\_\_\_

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

Volunteer resident advocate (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Wyandotte Cable Volunteer has completed the basic studio production course approved by the Studio Director

Studio Director: \_\_\_\_\_ Date: \_\_\_\_\_

Other training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_