kzme
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KZME Volunteer Information Form

Date Completed:_____ Orientation/Start Date:_____ Staff:_____

Name:_____
First Middle Last

Street Address:_____ Apt. #:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ Email:_____

Best Number to call: ☐ Home ☐ Work ☐ Cell

Employer Name: _____

Employer Address:_____

Birthdate: _____ Gender: ☐ Female ☐ Male
Month / Day / Year (optional if over 18)

Transportation: ☐ Car ☐ Public ☐ Other Drivers License: _____
State / Number

Physical Limitations:_____

Emergency Information

Name:_____

Relationship:_____ Phone: _____

Areas of Interest

☐ On Air ☐ Engineering ☐ PR & Marketing ☐ Outreach ☐ IT/Web
☐ Development ☐ Programming Other

Notes / Comments:

Office Use Only

____ Entered into both databases _____ Added to KZME e-news _____ Copied Vol Dept.