



**Community Access Partners of  
San Buenaventura  
CAPS-TV Channel 6  
VTV Channel 15**

# Volunteer Application

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Organization (if appl.) \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Please list appropriate Knowledge, Experience and Skills:

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Why do you want to become a CAPS-TV volunteer?

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Where did you hear about CAPS-TV? \_\_\_\_\_

Would you like to be on CAPS-TV mailing list? Y N

What days and times are you available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES							

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Parental Signature: (for minor applicants) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_