



**VOLUNTEER APPLICATION**

**Today's Date** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mr.  Ms.  Mrs.  Miss  Dr.  Preferred nickname \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_

Home Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_ Other Phone (\_\_\_\_) - \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ How many years in Arizona? \_\_\_\_\_ Year-round resident? \_\_\_\_\_

Spouse's Name (if married) \_\_\_\_\_ Anniversary Date (if married) \_\_\_\_\_

**Employment Information**

I am: Full-time employed  Part-time employed  Unemployed  Retired  Student

Employer (or School) \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Address \_\_\_\_\_ Department \_\_\_\_\_

Work Description \_\_\_\_\_

My employer offers a time-off program for volunteers  My employer offers a donation matching program

**Availability**

Please indicate the day(s) and time(s) you are available to volunteer.

Weekdays  Weekends  Mornings  Afternoons  Evenings

**Volunteer Activities**

Please check all areas of interest.

Pledge Drives  Hospitality  Special Events  Tour Guides  Office Support

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Do you have any physical limitations or special medical conditions? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

1. How did you find out about Volunteer Friends of Eight?
  
2. Why do you want to volunteer at Arizona PBS?
  
3. Are you a member of any other community or service organizations?
  
4. Please indicate your personal skills, interests, and hobbies or other languages you speak.
  
5. Do you have any special education, training, certification...etc?
  
6. Please indicate languages other than English that you speak.

## **VOLUNTEER AGREEMENT**

As a member of the Volunteer Friends of Eight, I understand that I will be considered part of a team working toward a common goal to promote public television in my community. While engaged in volunteer activities, I will represent Arizona PBS and Arizona State University in a professional and responsible manner. I agree to assume the responsibilities assigned to me and directed by Arizona PBS.

I understand and agree to:

- Be prompt and reliable in reporting for scheduled work and training sessions.
- Notify my supervisor as soon as possible if delayed or unable to keep my commitment.
- Become familiar with and follow Arizona PBS's mission, policies and procedures.
- Comply with the authority of Arizona PBS management in charge of events, functions, activities and other assigned tasks.
- Schedule myself for shifts, record, and report all hours of service.
- Participate in any required training sessions.
- Wear a nametag while representing Arizona PBS and Arizona State University in an official capacity and dress appropriately for my assigned duties

- Abstain from the use of inappropriate language or subject matter as it is considered unsuitable while representing Arizona PBS and Arizona State University.
- Follow an appropriate behavior code, which includes being courteous, sensitive and respectful during meetings, training sessions, and other volunteer activities to staff, fellow volunteers, tour audiences and other community members while representing Arizona PBS in an official capacity.
- Inform staff supervisor of any physical or medical limitations that might affect my ability to perform a specific task.
- Be a team player, cooperate with staff and volunteers; ask staff when I have questions or concerns.
- Be responsible for my own actions and carry out assignment to the best of my ability.
- At no time will I be under the influence of illicit drugs, alcohol or other substances that may jeopardize my performance and safety or the safety of others.
- Abide by all the policies and procedures set by Arizona PBS and Arizona State University, and I understand that I can be terminated at any time for not complying with the set guidelines.
- Give permission to Arizona PBS and ASU to use my photo on any website or other promotional materials, as they deem appropriate.

Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

**Please return this form to: [claire.tyrbak@asu.edu](mailto:claire.tyrbak@asu.edu)**

**Or mail to: Volunteer Program Manager, Arizona PBS, 555 N. Central Ave.  
Suite 500 Phoenix, AZ 85004-1252**

**Phone: 602.496.9685 Fax: 602.496.8045**