

First Name _____ Last Name _____ MI _____

Mr. Ms. Mrs. Miss Dr. Preferred nickname _____

Street Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Personal Email _____ Work Email _____

Home Phone () - Cell Phone () -

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

Employment InformationI 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 special education, training, certifications, personal skills, interests, and hobbies or other languages 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.tyrpak@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