



## WPFW 89.3 FM - VOLUNTEER APPLICATION

1990 K Street N.W., Second Floor  
Washington, D.C. 20006  
202.588.0999 (Office) 202.588.0561 (Fax)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Would you like to subscribe to WPFW's monthly Volunteer E-Letter? Yes\_\_\_ No\_\_\_

How did you hear about us? Listener Website Friend Other\_\_\_\_\_

What are your favorite WPFW shows?  
\_\_\_\_\_

What do you hope to gain by volunteering with WPFW?  
\_\_\_\_\_  
\_\_\_\_\_

**Please put an "X" next to the volunteer opportunity which interests you. If there is more than one, please number them in order of your interest (1, 2, 3).**

*During Membership Drives Only*

\_\_\_ Data Entry

\_\_\_ Phone Volunteer

\_\_\_ Phone Captain

*Ongoing*

\_\_\_ Sound Board Operator

\_\_\_ News Reporter

\_\_\_ Packing and Shipping (Tues & Thurs)

\_\_\_ Metro Watch Asst.

\_\_\_ WPFW Ambassador

\_\_\_ Host Asst

\_\_\_ Governance

Please specify any physical limitations that may influence your volunteer work.  
\_\_\_\_\_

Which of your skills/experience/education would you like to use in your volunteer work?

- |   |   |
|---|---|
| <input type="checkbox"/> Grant Writing            | <input type="checkbox"/> Broadcast Journalism   |
| <input type="checkbox"/> Web Development          | <input type="checkbox"/> Event Planning         |
| <input type="checkbox"/> Clerical/Office Machines | <input type="checkbox"/> Writing/Editing        |
| <input type="checkbox"/> Graphics                 | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Voice                    |   |
| <input type="checkbox"/> Research/Librarian       | <input type="checkbox"/> Meeting Facilitation   |
| <input type="checkbox"/> Audio Production         | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Sound Board Operation    | _____   |

Please provide details of the skills/experience/education listed above.

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I hereby certify that all statements made in this application are complete and true to the best of my knowledge. I understand as a condition of volunteering at WPFW that I may be asked to submit to a background check and I agree to accept any costs associated with this.

Signature \_\_\_\_\_

*It is the policy of Pacifica to recruit, hire and promote persons in all job classifications, without regard to race, color, religion, sex, sexual orientation, age, physical disability, medical condition, ancestry or national origin.*

**For Office Use Only:**

Application Received \_\_\_\_\_ Interview Date \_\_\_\_\_ Start Date \_\_\_\_\_

References:      Name                      Email                      Phone

#1 \_\_\_\_\_

#2 \_\_\_\_\_