



Volunteer Information: Des Moines

Iowa Radio Reading Information Service for the Blind

Application Date			
First Name		Last Name	
Address			
City/State/Zip			
Primary Phone		Email	
Profession			Birth Date
Referral Source	<input type="checkbox"/> Friend <input type="checkbox"/> Presentation <input type="checkbox"/> Website <input type="checkbox"/> Other _____		
I AM INTERESTED IN:			
READING THE DES MOINES REGISTER LIVE:			
<input type="checkbox"/> First Shift: 9am to 10:30am		<input type="checkbox"/> Second Shift: 10:30am to noon	
<input type="checkbox"/> Sundays <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays			
Frequency: _____ times per <input type="checkbox"/> Week <input type="checkbox"/> Month or <input type="checkbox"/> As needed only			
Are you willing to be called on short notice (could be day of) <input type="checkbox"/> Yes <input type="checkbox"/> No			
RECORDING PUBLICATIONS:			
<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays			
OTHER ACTIVITIES:			
<input type="checkbox"/> Radio Cleaning/Repair <input type="checkbox"/> Office Help <input type="checkbox"/> Mailings <input type="checkbox"/> Events <input type="checkbox"/> Other			
Emergency Contact Information			
First		Last	
Phone		Relationship	