WJCT Radio Reading Service Volunteer Application



Please print	•					
Name:	First		MI			 Last
Street Add	ress:					
City:			State:		Zip:	
Home Phor	ne: ()	Ce	ll: ()_		
Email:				DC)B:	/
Occupation	n/Employer	•			Montl	h Day
How did yo	ou hear abo	ut us?				
Please circle	e shift(s) you	ı are most re	egularly avai	lable to lend	your voice.	
MON	<u>TUE</u>	WED	<u>THU</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>
			8-10am 10-11am		10-12n	12n-2pm
		rt volunteers ne you are a	: vailable			
Submit appl	lication to:					
WJCT Rad 100 Festiva Jacksonvill	l Park Ave	nue				
For more in	formation, v	isit <u>www.w</u> j	jct.org/radio/	reading or ca	all 904-358	-6308.
RRS OFFICI	E USE					
Date Received	d:	Audio De	mo & Interviev	v:	Start Dat	e: