



OCEANSIDE COMMUNITY SERVICE TELEVISION CORP.  
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## VOLUNTEER APPLICATION

APPLICATION DATE:		AVAILABLE START DATE:	
NAME (PLEASE PRINT):			
STREET OR MAILING ADDRESS:			
CITY / STATE / ZIP:			
DAY PHONE:	(      )	EVE PHONE:	(      )
EMERGENCY CONTACT NAME:			
RELATIONSHIP:		PHONE:	(      )
SOCIAL SECURITY NUMBER:		E-MAIL :	

PLEASE DESCRIBE AREAS OF EXPERIENCE AND SKILLS:					
<input type="checkbox"/> RECEPTION RELIEF	<input type="checkbox"/> KOCT TOUR DOCENT	<input type="checkbox"/> GREETER	<input type="checkbox"/> VO MANAGER	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> WEB PAGE PHOTOGRAPHER
<input type="checkbox"/> FILING / CLERICAL / DATA ENTRY SKILLS	<input type="checkbox"/> TAPE / PHOTO LIBRARIAN	<input type="checkbox"/> ERRANDS	<input type="checkbox"/> PUBLIC ACCESS OUTREACH		<input type="checkbox"/> PROMO SCRIPT WRITER
<input type="checkbox"/> CAMERA OPERATOR	<input type="checkbox"/> RESEARCH FREE PROGRAMMING	<input type="checkbox"/> EDITOR	<input type="checkbox"/> HANDY MAN	<input type="checkbox"/> AUDIO	<input type="checkbox"/> KOCT INDIE FILM ASSISTANT
<input type="checkbox"/> ENG CAMERA TEAM FOR LECTURES	<input type="checkbox"/> CHARACTER GRAPHICS	<input type="checkbox"/> COMPUTER GRAPHICS		<input type="checkbox"/> ENGINEERING/ELECTRICAL	
<input type="checkbox"/> INSIDE OCEANSIDE SEGMENT PROD.	<input type="checkbox"/> INSIDE OCEANSIDE STORY IDEAS	<input type="checkbox"/> BULLETIN BOARD ART PRODUCER	<input type="checkbox"/> BULLETIN BOARD COORDINATOR	<input type="checkbox"/> FUND RAISER	
<input type="checkbox"/> PROGRAMMING ADVISORY COMMITTEE	<input type="checkbox"/> SPECIAL EVENTS	<input type="checkbox"/> FLOOR DIRECTOR	<input type="checkbox"/> CABLECASTER	<input type="checkbox"/> DEVELOPMENT	
<input type="checkbox"/> PUBLIC RELATIONS	<input type="checkbox"/> OTHER SKILLS (PLEASE SPECIFY BELOW):				

PLEASE LIST AREAS OF SPECIAL INTEREST:
<b>VOLUNTEER TERM:</b> <input type="checkbox"/> SHORT TERM <input type="checkbox"/> LONG TERM <input type="checkbox"/> EPISODIC <input type="checkbox"/> PERIODIC <input type="checkbox"/> OCCASIONAL

PLEASE LIST DAYS AND HOURS YOU ARE AVAILABLE FOR VOLUNTEER WORK:		
MONDAY:	TIME: FROM	TO
TUESDAY:	TIME: FROM	TO
WEDNESDAY:	TIME: FROM	TO
THURSDAY:	TIME: FROM	TO
FRIDAY:	TIME: FROM	TO
SATURDAY:	TIME: FROM	TO
SUNDAY:	TIME: FROM	TO

... CONTINUED ->

# PLEASE LIST REFERENCES

MOST RECENT EMPLOYER	
SUPERVISOR'S NAME	
BUSINESS NAME	
ADDRESS	
CITY / STATE / ZIP	
PHONE (     )	
DATES OF EMPLOYMENT	

PERSONAL REFERENCES (3)		
<b>1</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE (     )	
<b>2</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE (     )	
<b>3</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE (     )	

APPLICANT SIGNATURE:	
DATE:	

FOR OFFICE USE ONLY	
INTERVIEWED BY:	
DATE NOTIFIED:	
COMMENTS	