



Volunteer Tracking Form

To Accompany Completed Volunteer Agreement

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Type of Volunteer Work Desired: (please circle all that apply)

Location:	Studio Production	Field Production	Live Events	
Type of Production:	Municipal Meetings	Sports Coverage	School Events	Town Events
Crew Position:	Audio Engineer	Camera Operator	Director	
	Production Assistant	Technical Director	Editor	
OR:	Office Helper	Studio Helper		

Generally, when are you available? (please indicate yes or no next to each day with hours available)

MONDAY: _____ Hours: _____

TUESDAY: _____ Hours: _____

WEDNESDAY: _____ Hours: _____

THURSDAY: _____ Hours: _____

FRIDAY: _____ Hours: _____

SATURDAY: _____ Hours: _____

SUNDAY: _____ Hours: _____

*Training Classes for all types of work desired are mandatory. Please notify us with any information changes above.

In case of Emergency, who should we contact?

Emergency Contact: _____

Emergency Phone: _____ Other Emergency Phone: _____

(office Use Only)

Training Completed:

Basic Field Equipment: ___/___/___

Audio & Lighting: ___/___/___

Directing ___/___/___

Producer Workshop ___/___/___

Basic Control Room Operation ___/___/___

Basic Studio Operation ___/___/___

Basic Editing ___/___/___

Advanced Editing ___/___/___

Multi-Camera Field Production ___/___/___

Selectmen Mtg. Operations ___/___/___