|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Date | | | |  | | | | | | |
| First Name | | |  | | | Last Name | | |  | | | | |
| Address | | |  | | | | | | | | | | |
| City/State/Zip | | |  | | | | | | | | | | |
| Primary Phone | | |  | | Email | |  | | | | | | |
| Profession | | |  | | | | | | | Birth Date | | |  |
| Referral Source | | | □ Friend □ Presentation □ Website □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I AM INTERESTED IN:** | | | | | | | | | | | | | |
| □ Sundays □ Mondays □ Tuesdays □ Wednesdays □ Thursdays □ Fridays □ Saturdays | | | | | | | | | | | | | |
| **Frequency:** \_\_\_\_\_\_ times per □ Week □ Month or □ As needed only | | | | | | | | | | | | | |
| Are you willing to be called on short notice (could be day of) □ Yes □ No | | | | | | | | | | | | | |
| **OTHER ACTIVITIES:** | | | | | | | | | | | | | |
| □ Radio Delivery in my area □ Speaking to Groups □ Events □ Other | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Emergency Contact Information** | | | | | | | | | | | | | |
| First |  | | | | | | Last |  | | | | | |
| Phone | |  | | | | | Relationship | | | | |  | |

**Volunteer Information**

IowaRadioReading.org Email: IRIS@IowaRadioReading.org 515.243-6833

100 E. Euclid Ave., Ste. 117 Des Moines, Iowa 50313

**Iowa Radio Reading Information Service for the Blind**

