



Volunteer Information

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:

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	