



# GaRRS

## Georgia Radio Reading Service

**VOLUNTEER APPLICATION** Note: GaRRS requires all volunteers to audition and attend training.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Activities and Interests \_\_\_\_\_

How did you hear about GaRRS? \_\_\_\_\_

Are you able to provide an average of two hours per week to GaRRS on a regular basis?  Yes  No  
Please indicate times / shifts you might be available to volunteer for GaRRS:

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unable to complete the reading audition, please indicate any of the following you are willing to undertake:

### TECHNICAL

- Website Support
- Sound Editing and Production

### PROMOTION & PUBLICITY

- Outreach
- Fundraising
- Grant Writing
- Newsletters
- Event Support

### ADMINISTRATIVE

- Data Entry
- Telephone
- Bookkeeping

Please list the newspapers and magazines you regularly read \_\_\_\_\_

Non-English languages you are proficient in reading or translating \_\_\_\_\_

Are you willing to read materials that may contain language or topics that may be offensive?  Yes  No

The following demographic information is sometimes required by our funders. This information will not be associated with the volunteer's personal information in any grant application, report, survey, etc.

GENDER	AGE	RACE	
<input type="checkbox"/> MALE	<input type="checkbox"/> 0 – 18	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN
<input type="checkbox"/> FEMALE	<input type="checkbox"/> 19 – 54	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> TWO OR MORE RACES
	<input type="checkbox"/> 55 – 85	<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 85+	<input type="checkbox"/> WHITE	

Birth day and month \_\_\_\_\_

Medical conditions or accommodations we should be aware of \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Tel \_\_\_\_\_

**RELEASE OF LIABILITY** I, \_\_\_\_\_ agree, that in connection with my involvement in activities undertaken for, and the participation and support of the Georgia Radio Reading Service (GaRRS), I, for myself, my heirs, assigns, executors, and administrators release and discharge GaRRS, its Board of Directors, its employees, agents, and volunteers from all claims, demands, and actions for injuries to release and hold GaRRS, its Board of Directors, its employees, agent, and volunteers harmless from any cause or action, claim, or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

**OATH OF CONFIDENTIALITY**, I, \_\_\_\_\_ agree to respect the confidentiality and privacy of listeners and contacts of the Georgia Radio Reading Service (GaRRS). Confidential information includes but is not limited to: plans, employment information, social security numbers, dates of birth, news story sources, staff members, volunteers, and listeners' phone numbers and any other information I might be privy to in the course of my volunteer role. I understand that the information of a confidential nature that I am exposed to must remain confidential and is not to be discussed with anyone outside of the radio station. I understand that breaching the trust of confidentiality will result in the termination of my GaRRS volunteer position.

**AUDIO/VIDEO/IMAGE /INTERVIEW RELEASE**, I, \_\_\_\_\_ grant permission to the Georgia Radio Reading Service (GaRRS) to take and use audio, video, or visual image content of me; and/or interview me and use my quotes and information I provide; and/or use any audio/video/visual image/concept ideas produced by me, which I represent that I took or otherwise created and which are not an impermissible or otherwise unlawful copy, duplication, or reproduction of another person's work. Content includes, but is not limited to, text, software, scripts, graphics, photos, digital images, drawings, renderings, voices, sounds, music, videos, audio recordings, audiovisual combinations, and any associated or accompanying written communications or descriptions. I agree that GARRS owns the audio/video/visual image/interview content collected as part of the event listed below, and all rights related to such content. I further agree that without notifying me, GaRRS, its employees, and agents may use the audio/video/visual image/interview content at its sole discretion in any print, electronic, or other media or format, including, but not limited to, websites, print or digital publications, presentations, educational courses, videos, film, promotions, broadcasts, advertisements, posters, video signage, radio, social media, as well as for certain approved uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I further acknowledge that I voluntarily agree to participate in and/or provide audio/video/visual image/interview content to GARRS without the promise of compensation or remuneration in any form whatsoever, and I waive any claim for compensation or remuneration of any kind for GaRRS's use or publication for the audio/video/visual image/interview content. I release GaRRS and any firm authorized to publish, broadcast, and/or distribute a finished product containing the audio/video/visual image/interview content, from any claims, damages, or liability, including attorneys' fees, that I may ever have in connection with the taking or use of the audio/video/visual image/interview content or material used with the audio/video/visual image/interview content, including, but not limited to, any and all claims for copyright infringement, invasion of privacy, defamation, false light, or misappropriation of name, likeness, or image.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Parent Signature (if applicant is under age 18) and Date