



65 Day Road  
 Ventura, CA 93003  
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 www.capstv.org

**Community Access Partners of  
 San Buenaventura  
 CAPS-TV Channel 6  
 VTV Channel 15**

**Volunteer Application**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Organization (if appl.) \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Please list appropriate Knowledge, Experience and Skills:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to become a CAPS-TV volunteer?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did you hear about CAPS-TV? \_\_\_\_\_

Would you like to be on CAPS-TV mailing list? Y N

What days and times are you available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES							

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Parental Signature: (for minor applicants) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_