



Recording Library  
OF WEST TEXAS

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

### Volunteer Availability

Day or Days of Week Preferred: \_\_\_\_\_

Time of Day (operating hours: 8am-7pm): \_\_\_\_\_

Place of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Educational History: \_\_\_\_\_

Foreign Language Experience: \_\_\_\_\_

Special Interests and Hobbies: \_\_\_\_\_

Reading Experience: Do you like to read for personal enjoyment? \_\_\_\_\_

What type of material do you prefer reading? (newspapers, magazines and genres of books)

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

Do you have any experience reading aloud? \_\_\_\_\_

Do you have experience in radio, TV, or Theater: \_\_\_\_\_

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