



FREELANCE / PRODUCTION VOLUNTEER APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY

PERSONAL INFORMATION

Today's Date:

Full Name:

Current Address:

Permanent Address:

Email:

Current/Cell Phone:

Home Phone:

Please submit a sample of your work and attach your resume along with this application.

AREAS OF EXPERTISE:

AREAS OF INTEREST:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Set Design / Construction | <input type="checkbox"/> Script Writer | <input type="checkbox"/> Set Design / Construction | <input type="checkbox"/> Script Writer |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Promotions | <input type="checkbox"/> Lighting | <input type="checkbox"/> Promotions |
| <input type="checkbox"/> Camera operator | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Camera operator | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Audio | <input type="checkbox"/> On-Camera Talent | <input type="checkbox"/> Audio | <input type="checkbox"/> On-Camera Talent |
| <input type="checkbox"/> Studio Coordination | <input type="checkbox"/> Voice-Over Talent | <input type="checkbox"/> Studio Coordination | <input type="checkbox"/> Voice-Over Talent |
| <input type="checkbox"/> Talent Coordination | <input type="checkbox"/> Post Production | <input type="checkbox"/> Talent Coordination | <input type="checkbox"/> Post Production |

Please briefly describe what experience you have in the abovementioned areas:

Please briefly describe what experience you would like to gain:

Please check all that apply:

- Paid Freelance Work Paid Trainer Volunteer Volunteer Trainer

Please describe your compensation expectations:

EDUCATION INFORMATION

College/University/High School: _____

Drivers license number _____ State of issue _____

Best time to reach you: _____

Preferred communication method: _____

Times available to work with KSMQ: _____

Thank you for your interest in KSMQ.

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from involvement with KSMQ Public Television.

Signature _____ Date _____

For office use only: Start Date _____ End Date _____
Comments _____

