



# People TV Inc.

## Volunteer Program Form

*The mission of People TV Inc. is to serve the people of Atlanta by: providing public access on an equal opportunity basis to cable and other communications technology; facilitating collaborative communications projects among community organizations, local government and educational institutions; providing training, equipment, production services and funding (when available) to the community for cable access and electronic communications; and advocating Public Access and First Amendment Rights.*

<b>Name</b>		<b>Date</b>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	
<b>Current Address</b>		
<b>E-Mail Address</b>		

<b>Accomplishments / Interest</b>

### **Volunteer Department Selection**

Please select your first, second, and third choices by placing a 1, 2, and 3 next to the respective volunteer areas. Every attempt will be made to place you in the area that you most prefer and for which you are most qualified. See attached sheets for descriptions and duties.

- Business Office                       Community Development                       Programming  
 Educational Services                       Youth Media                       Public Relations

Production / Crewing (If you are interested in Production/Crewing please list experience or attach your resume). \_\_\_\_\_  
\_\_\_\_\_.

### **Availability (Check all that apply)**

Weekly (Specify Days and Hours) \_\_\_\_\_  
\_\_\_\_\_

Monthly (Specify Days and Hours) \_\_\_\_\_  
\_\_\_\_\_

Bi-Monthly (Specify Days and Hours) \_\_\_\_\_  
\_\_\_\_\_

Other (Please Specify) \_\_\_\_\_



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Please inform us of any special conditions of which People TV Atlanta, INC. should be aware in order for you to participate fully in our volunteer program. Use a separate sheet if necessary.

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### APPLICANTS CERTIFICATION AGREEMENT

Initial

- \_\_\_\_\_ 1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release People TV Inc. from all liability which might result from making the investigation.
  
- \_\_\_\_\_ 2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required document) will cause for denial of Volunteer Application.
  
- \_\_\_\_\_ 3. In connection with my voluntary involvement in activities undertaken for, and with the participation and support of People TV Inc. (PTV), a non-profit youth development organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge PTV, its officers and directors, employees, agents, and volunteers from all claims, demands, and action for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold PTV, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising there from. 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 his release.
  
- \_\_\_\_\_ 4. I have never been convicted of or charged with any felony traffic offenses involving the use of alcohol or drugs. Yes / No. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  
- \_\_\_\_\_ 5. I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. Yes / No. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  
- \_\_\_\_\_ 6. I have read and reviewed the information in this application and the above statements. By signing this application to Volunteer and I certify that I understand all parts of it and have answered all questions completely and fully.

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