

LakeCAM

Lakeville Community Access Media

Stipended Volunteer Application

Yes

Name

Age 17 or older?

Street Address, City, State, Zip

Home Phone

Mobile Phone

Mobile Provider

eMail Address

Emergency Contact: Name & Phone Number(s)

M T W Th F Sa Su

Mornings
 Afternoons
 Evenings

Days Available

Type of Work Desired

Camera Operation
 Video Editing
 Commentary

Public Meetings
 Sports
 Community Events

Applicant Signature

Date

Parent / Guardian Signature (if under 18)

Date