



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: ____/____/____