



(707) 861-9873  
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PO Box 1073  
Occidental, CA 95465

Studio: 500 S. Main Street  
Sebastopol, CA 95472

### Volunteer Application

This form is for new people who want to volunteer at KOWS or current members who want to change their show format or commitment. This form must be completed and kept current for all persons who volunteer at KOWS. Forms may be submitted to KOWS at the address above.

Name \_\_\_\_\_ Date \_\_\_\_\_ Email 1 \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Email 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

**Volunteer Position Interest**

Music programming     Events     Fundraising     Public Affairs     Office/clerical  
 PSA Production     Marketing     Construction     Remote Broadcasts  
 Other \_\_\_\_\_

What are your preferred days/hours?     Mon     Tue     Wed     Thu     Fri     Sat     Sun    Time(s) \_\_\_\_\_  
 How long of a show/project are you interested in? \_\_\_\_\_  
 How would your show benefit the KOWS community? \_\_\_\_\_

Please describe your ideas for a radio program as fully as possible : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who are your listeners? What are their interests? \_\_\_\_\_  
 \_\_\_\_\_

Do you own or have access to the music and material necessary for your show/project ?     Yes     No  
 How long have you lived in the West County area ? \_\_\_\_\_ How long have you listened to KOWS ? \_\_\_\_\_  
 How many hours per week to you listen to KOWS ? \_\_\_\_\_ Which programs are your favorites ? \_\_\_\_\_  
 \_\_\_\_\_

Media experience ( Print, Radio, TV , Web ) \_\_\_\_\_

Languages spoken \_\_\_\_\_

Please provide a bio of yourself on an attached sheet for the KOWS web site. Include a link to a photo of yourself that you would like used on the website.

FREE SPEECH. NO BULL.