

GENERAL INFORMATION			
Last Name		First Name	
Address			
City/Province		Postal Code	
Home Phone		Cell Phone	
Date of Birth		Email	
Work/School Name		Work/School Phone	
Valid Driver's Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	Access to a Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred Method of Communication		<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	

EXPERIENCE
Related To Video Production (describe briefly)
Preferred Days/Times For Volunteerism

REFERENCES

Please list two references, one personal and one professional – no relatives please.

	Name	Phone	Relationship
1			
2			

RELEASE AND ASSIGNMENT

Please read carefully and sign where indicated. Any comments or questions should be directed to a TVCOGECO staff member.

<input type="checkbox"/>	I understand that failure to attend the appropriate TVCOGECO workshops will disqualify me from participation in the TVCOGECO volunteer program.
<input type="checkbox"/>	I understand and accept the guidelines for volunteer involvement as presented to me.
<input type="checkbox"/>	I agree to abide by TVCOGECO's policies and procedures. I understand that failure to do so will result in my termination of my activities as a volunteer.
<input type="checkbox"/>	I consent to the use of my name and likeness in all productions in which I participate. I include the right to telecast, duplicate, or distribute these productions (or parts thereof).
<input type="checkbox"/>	I understand my participation is voluntary and no financial restitution is offered or expected.
<input type="checkbox"/>	I accept full responsibility for loss or damage to my personal belongings while I am volunteering.
<input type="checkbox"/>	I release Cogeco Cable Canada Inc. from all liability for damage of injury which I may receive while directly or indirectly involved in the production of a program.
<input type="checkbox"/>	I will commit to the required hours of participation for at least one programming season (10 months).

Name (please print)	
Signature	
Parent/Guardian Name	
Parent/Guardian Signature	
Date (dd-mm-yyyy)	

EMERGENCY CONTACT INFORMATION

To be completed upon acceptance into the TVCOGECO volunteer program. Do NOT complete this section until you have been asked to do so by TVCOGECO staff.

Name		Home Phone	
Relationship to You		Alternative Phone	
Doctor		Doctor Telephone	

Please specify and health risks, mental or physical conditions which should be reflected in the position to which you are assigned.

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TVCOGECO CONTACT INFORMATION

<p>TVCOGECO Sarnia 1421 Confederation St. Sarnia, ON N7S 5N9 www.tvcogeco.com Phone: 519-336-6200 Fax: 519-332-3952</p>	<p>Rosemary Travis Producer & Volunteer Coordinator 519-336-6200 x 2</p> <p>Mark Facca Producer 519-336-6200 x 1</p> <p>Patrick McMahon Production Assistant 519-336-6200 x 6</p>
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