

COAST COMMUNITY RADIO
KMUN 91.9 KTCB 89.5 KCPB 90.9
Volunteer Application



Contact Information

Full Name: _____

Email: _____

Address: _____

Phone: _____

Do you have reliable transportation? Y / N

Best Way to Contact You: PHONE / EMAIL / TEXT

Emergency Contact and Number: _____

Availability

When are you available to volunteer with KMUN?

Interests

Circle all that apply:

Reception

Landscaping

Social Media

No Preference

Events

Programming

Maintenance

Library

IT/Engineering

Mailings

Do you have a specialized skill you think would benefit the station, and would you be willing to share? If so, please explain:

Background

Tell us about yourself!

Tell us why you want to volunteer with KMUN?

Do you have any volunteer experience? If so, where and what were your duties?

Please provide a name and contact information for two character references below.

Name:

Contact:

Name:

Contact:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:	
Date:	

Equal Opportunity Policy

It is the policy of the Tillicum Foundation that an individual's race, color, religion, sex, gender identification, sexual orientation, disability, age or national origin are not and will not be considered in any volunteer management decisions.

Thank you for your interest in volunteering with KMUN!
Your application will be reviewed and you will be contacted soon.

Mail to: **KMUN | PO Box 269 | Astoria, OR 97103**

or Bring to: **Tillicum House | 1425 Exchange Street | Astoria**

or Email to: **Janet Fryberger, Membership Director - volunteer@kmun.org**