



PROGRAM HOST APPLICATION

DATE ISSUED

PERSONAL INFORMATION

Name	<input type="text"/>
Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Phone	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Website	<input type="text"/>
Emergency Contact	<input type="text"/>
Are you 18 years old or older?	yes no [circle one]
If you the answer above is no, have you submitted a signed Parental Authorization Form?	yes no [circle one]

Other Information

MEMBERSHIP INFORMATION

Member	yes no [circle one]
Member #	<input type="text"/>
Date Joined	<input type="text"/>
Date of Expiry	<input type="text"/>
Payment Amt.	<input type="text"/>
Authorized by	<input type="text"/>
Signature	<input type="text"/>
Comments	<input type="text"/>

Membership Comments

TRAINING INFORMATION

Dates of Training	Month	Day	Year	Training Comments
Session 1 Date	/	/		
Session 2 Date	/	/		
Hands On Test	/	/		
Written Test	/	/		
Certification Date	/	/		
Certified By				
Signature				

PROGRAMMING INFORMATION

Member has signed Station Indemnification Form **yes** **no** (attach signed form)

Name of Show

Type of Show

Description for the WOOL website

Recurring Show? **yes** **no** [circle one]

Length of show hours

Preferred Timeslot(s)

	Day	Hours (xx:xx - yy:yy)
First Choice		
Second Choice		
Third Choice		

Slots Approved

Start Date

Approved by

Signature

Programming Comments