

BMC VOLUNTEER REGISTRATION



belmont media center

*Volunteers are a vital part of our local mission of
Building Community Through Media*

Name _____ Date _____

Address _____

Home Phone _____ Cell _____

Work Phone _____

Email _____

About how many hours a **week** _____ or **month** _____ are you available ?

Please list your preference for days & times:

You can volunteer during the day and evening, weekends, and special events.

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

How did you hear about the Belmont Media Center? (Circle all that apply)

BMC Flyer Newspaper BMC Website Staff /Board Friend

Other (specify) _____

Are you under 16 years of age? Yes No

Are you a member of the BMC? Yes No

What areas are you interested in: (Circle all that apply)

Community Outreach Administrative Front Desk Marketing Computers

TV Production Video Editing Website Computer Graphics Set Construction

Teaching and Training Facility Maintenance

Explain any relevant experience and skills:

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References

BMC Volunteers work closely with staff and are trusted to carry our projects without direct supervision, and often working with other volunteers. In order to insure a safe and open environment, BMC requests that all potential volunteers provide the following references. Thank you for your cooperation.

Professional Reference

Please list one place where you worked or volunteered which we may contact.

Supervisor Name _____

Company / Organization _____

Address _____

Contact Phone number(s) _____

Job title or Volunteer role _____

Start Date _____ End Date _____

Notes _____

Personal Reference Whom We May Contact – (No family members, please)

Name _____

Occupation _____

Address _____

Contact Phone Number(s) _____

Relationship _____

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