

# SKYE XIII

117 Sharon Road  
Waterbury, CT. 06705  
(203) 755-1113

## VOLUNTEER'S AGREEMENT & APPLICATION

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
If under age 18, Date of Birth

\_\_\_\_\_  
Email Address

My signature below indicates that I will act as a volunteer for the above-mentioned program. I understand that I will be using the Skye Cable facilities and equipment for the production of that program. I am familiar with the provisions of the revised Skye Cable XIII, Policies and Procedures Handbook (revised March 2009). I agree to abide by all rules in the handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature if Volunteer is under age 18

\_\_\_\_\_  
Date

Note: One agreement per volunteer is needed. Please feel free to make copies.