



97.5 FM

cicv.ca

PO Box 275

Lake Cowichan BC

V0R 2G0

(250) 932-9000

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## Cowichan Valley Community Radio Society (CVCRS)

### Student Application Form

*Tell us about yourself:*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Community: \_\_\_\_\_ Postal Code \_\_\_\_ \_\_\_\_

eMail: \_\_\_\_\_@\_\_\_\_\_ . \_\_\_\_\_

Telephone: home \_\_ ( \_\_\_\_ ) - \_\_\_\_\_ cell \_\_ ( \_\_\_\_ ) - \_\_\_\_\_

Preferred method of communication? \_\_\_\_\_

How did you hear about Radio Cowichan?

\_\_\_\_ Radio \_\_\_\_ Facebook \_\_\_\_ Web Site \_\_\_\_ A Friend \_\_\_\_ Summer Nights

Other \_\_\_\_\_

CVCRS is a volunteer run, not for profit, Society approved by the Registrar of Societies in British Columbia.

The main purpose of CVCRS is to operate Radio Station CICV 97.5 Mhz. FM, in accordance with the rules and regulations set by the Federal broadcast regulating authority, The Canadian Radio and Television Commission. All station activities will be driven by our Mission Statement as noted below.

Mission statement: To deliver timely, relevant and engaging programs to the Cowichan Valley.

Radio Cowichan has a variety of “off air” and “on air” positions available to those who wish to take their membership to the active participation level. All training is provided free of charge. At this time all employment is on a volunteer basis, with no pay available.

WELCOME ABOARD!

Summarize any special skills and qualifications you may have.

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Summarize any previous volunteer experience.

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Person to Notify in Case of Emergency

Name \_\_\_\_\_

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

City Province PC \_\_\_\_\_

Contacts Home Phone \_\_\_\_\_

Contacts Cell Phone \_\_\_\_\_

Contacts E-Mail Address \_\_\_\_\_

Our Policy

It is the policy of the Cowichan Valley Community Radio Society to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, ability or disability.



**Youth Volunteer Permission Form:**

To: The parent/s or guardian/s of:

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(Volunteers name here)

In order for your daughter/son/ward to become a volunteer at CICV 97.5 FM, Lake Cowichan's Community Radio Station we must receive your written consent on behalf of your daughter or son or ward.

Feel free to contact me in the future at (250) 932-9000 with any questions or concerns.

We appreciate your Childs interest in CICV 97.5 FM. This Radio Station is operated by the volunteers of Cowichan Valley Community Radio Society.

Please read and complete this form and return it to the Program Manager at the Station on your first visit.

Mission statement: To deliver timely, relevant and engaging programs to the Cowichan Valley.

Thank you,

Program Manager

CICV 97.5 FM

Cowichan Valley Community Radio Society

**TO BE COMPLETED BY VOLUNTEER'S PARENT OR GUARDIAN**

NAME OF YOUTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PARENT OR GUARDIAN ACKNOWLEDGMENT:**

I am aware that the above youth would like to participate as a volunteer at CICV 97.5 FM Radio Cowichan.

I am aware that CICV 97.5 FM is an adult organization and that until the age of 18 the above youth can only volunteer during office hours Monday-Friday 10 am-2 pm when a minimum of two staff adults are present for supervision. Adult staffs have completed an RCMP Criminal Check and Venerable Sector Screening.

I understand that the youth will comply with all of the guidelines for volunteers and must honor his/her volunteer commitment.

I give permission to staff to provide references or certificates relating to my daughter's/son's/ward volunteer experience to schools, educational institutions and employers who recognize the value of volunteerism.

I give permission for CICV to collect and store personal information (name, address, telephone number, email, references, and emergency contacts) electronically, of my daughter/son/ward. I understand that, Information collected will be stored electronically and used for management functions by staff only.

I give permission to CICV to post photos and videos of my daughter/son/ward on electronic media.

I give my approval and support for the above youth's participation and I acknowledge the above requirements and restrictions regarding my daughter's/son's/ward's volunteering at CICV 98.7 FM.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_ (M/D/Y) \_\_\_\_\_

Thank you for completing this application and for your interest in volunteering with us.