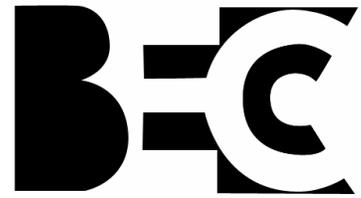


Volunteer Profile



PLEASE PRINT NEATLY

Name _____ Today's Date _____

Address _____ Birth Date _____

City _____ Zip Code _____ Gender: M / F

Home Phone _____ Other Phone (Explain) _____

Current School _____ High School _____

Grade _____ Graduation Year _____

Email Address _____

Do you have a job? Yes No

Where? _____ Work phone _____

Do you have regular hours? _____ If so when? _____

Please list any other activities you are involved in after school and on weekends.
(Such as sports, scouts, church, music...)

What are your goals in volunteering with BEC-TV?

What can we do to help you achieve these goals?

Note: This form simply expresses your interest in becoming a BEC-TV volunteer and does not obligate you to anything. Completed forms can be returned to:
BEC-TV at Valley View Middle School; 8900 Portland Ave.; Bloomington, MN 55420
Or by fax at 952-681-5901. Questions call: 952-681-5900

Rev 11/5/07

Office Use Only:
FMP _____
F.C. _____
Photo _____
FMP Position _____