Volunteer Application

Lowell Telemedia Center documents the latest municipal news, local events and other stories connected to Lowell. By volunteering you have the opportunity to observe and engage with various communities within Lowell, learn and practice many kinds of media, and develop your own personal voice and sense of community. We hope you consider volunteering with us and look forward to working with you!

Name _____________________________________________________________________________

Email _____________________________________________________________________________

Other Contact Info (Phone, Social Media, Etc.) __________________________________________

_________________________________________________________________________________

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What kind of productions would you like to work on?

___ Staff Productions  ___ Member Productions  ___ Both!

What motivates you the most to volunteer at LTC?

___ Career Prospects  ___ Community Service  ___ Learning Technology

___ Socializing / Fun / Hobby  ___ Teaching / Mentoring Others

What are you interested in doing as a volunteer?

___ Camera Operation  ___ Photography  ___ Talent (any role in front of the camera)

___ Video / Photo Editing  ___ Audio Editing  ___ Event Coordination

___ Underwriting  ___ General Assistance

What equipment do you have experience with?

___ Field Recorder  ___ Tricaster  ___ JVC Camera/Camcorder  ___ DSLR Camera

___ General Camera Operation  ___ Soundboard  ___ Lighting Board  ___ Camera Switcher
Have you worked with LTC before?

___ Yes        ___ No

Are you interested in taking media classes?

___ Yes        ___ No

Are you interested in making your own show (podcast, television, short film?)

___ Yes        ___ No

If yes, tell us just a little bit about your idea. Perhaps we can help!

_________________________________________________________________________________
_________________________________________________________________________________

What is your general availability?

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Is there anything else you would like us to know about your schedule?

_________________________________________________________________________________

How many hours a week/month could you see yourself contributing?

_________________________________________________________________________________

Is there anything else you would like us to consider? Comments? Questions?

_________________________________________________________________________________

Would you like to be added to our volunteer mailing list to be updated about future opportunities?

___ Yes        ___ No
Agreement with the Rules and Procedures

By signing this form you are indicating your agreement with the full LTC Rules and Procedures. These rules have evolved in order to ensure a smooth and productive experience for all members; and to make sure everyone understands their legal responsibilities. If you have questions about these or other procedures at LTC you are invited to bring them to a staff member for explanation as soon as possible.

1. I also understand that LTC’s facilities are to be used only for production of local programming, job skill enhancement or community development activities; not for personal financial gain.

2. I am thoroughly familiar with the nature of the program material produced with LTC’s resources (computer, television or radio based) and I take full responsibility for its content. I agree to obtain all necessary clearances, releases, permissions, etc., from any and all organizations, groups or individuals as required for projects.

3. I understand that the following material is prohibited from being produced, displayed, copied, distributed or programmed from any LTC production platform:
   a) Any commercial programming or advertising; b.) Any material which constitutes libel, slander or invasion of privacy; c.) Any obscene material or pornography; d.) Any unauthorized use of copyrighted material, unlicensed software or publicity rights; e.) Any material in violation of FCC regulations; and, f.) Any activity or material which violates local, state or federal laws.

4. I understand that LTC’s Computers have full, uncensored access to the Internet and that access to such resources requires critical, discretionary use by everyone.

5. I understand that I am ultimately responsible for all LTC equipment and facilities that I use. I agree to fully cooperate with the LTC insurance carrier in any claims. In the event Carrier denies the claim, I agree to pay for the replacement of any and all equipment damaged or destroyed while being used by me.

6. I understand I am responsible and agree to hold harmless the City of Lowell, Lowell Telecommunications Corporation, Comcast, their directors, employees, or successors, for any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim, that any material produced by me, from any output device, infringes or violates any rights of any person or organization.

7. As an LTC member I understand that I am expected to respect the rights and opinions of others at LTC at all times. It is everyone’s responsibility to maintain a safe and productive working environment. LTC staff reserves the right to ask anyone to leave if these rules are being broken. There might be additional consequences for breaking these rules, including suspension from the facilities.

Signature: _______________________________        Date: __________
Name: _______________________________

Signature of Parent/Guardian: ___________________________        Date: __________
(if Member is under 18)

Minor Name: _______________________________
Age of minor: _______________________________