

KVMR Youth Voices Radio Project Application

The KVMR Youth Voices Radio Project is a new initiative funded by the Tahoe Truckee Community Foundation that will train youth ages 14-18 to create and produce dynamic radio programming for local, regional and even national distribution. KVMR's Youth Voices Radio Project will challenge participants to engage in their communities and world and to enhance their ability to express themselves confidently and artistically through reporting, performance arts, music and spoken word.

The training program will consist of a six week workshop series that will meet twice weekly from July to August 2007. The workshops will be located at the Truckee Teen Center. To ensure hands-on broadcasting experience, some sessions may take place in Nevada City at the broadcasting studios of KVMR Radio. Participants will learn to develop and research stories, tape-record interviews, structure and write radio scripts and use computers to edit and produce polished stories.

All necessary equipment is provided by KVMR and there is no fee to participate.

The workshop series is limited to 10 students. Please fax application no later than May 18, 2007 to: Attention: Vange Elston, KVMR Youth Voices Radio Project at **FAX number: (530) 265-9077** or complete it on-line at www.kvmr.org.

Final selections will be made no later than June 22nd.

For more information about the KVMR Youth Voices Radio Project, call or email Vange Elston at (530) 265-9073 or development@kvmr.org.

APPLICANT'S INFORMATION Please print clearly.

Name: _____

Home Address: _____

School: _____

Birthdate: _____ Male/Female: _____

E-mail Address: _____ Grade in School: _____

Home Phone Number: _____ Alternate Phone Number: _____

Parent/Guardian Work Phone: _____

Emergency Contact Name and Number: _____

PARENT/LEGAL GUARDIAN CONSENT Please print clearly.

I give _____ permission to participate in the KVMR Youth Voice Radio Project as outlined above.

Name of parent/legal guardian: _____ Relationship to applicant: _____

Signature of parent/legal guardian: _____ Date: _____

Phone number for parent/legal guardian: Daytime: _____ Evening: _____

We would like to know more about you. Please provide complete answers to the following questions.

APPLICANT'S NAME: _____

Why are you interested in the KVMR Youth Voices Radio Project?

What do you hope to learn and contribute?

What are your hobbies and interests? Include your involvement in any extra-curricular activities.

What interests you most about your community and/or school?

What are some local, regional and/or global issues that you feel passionately about?

APPLICANT'S NAME: _____

Briefly describe three stories you would like to tell through radio (feel free to attach another sheet of paper if necessary).

What radio stations or shows do you listen to?

Are you willing to make a commitment to the ten week training program? Please indicate any other obligations that might make it difficult for you to commit to the program.

This program is free of charge, what we ask from you is that you commit your time and energy to this project. We ask that you make the following commitment. Please sign below.

I will attend all training sessions possible. If for some reason I cannot attend a session, I will communicate my absence in advance to the Youth Voices Facilitator, Tania Carlone, at 530-210-3948 or via email at taniacarlone@sbcglobal.net.

Applicant Signature: _____ Date: _____

**KVMR Youth Voices Radio Project
PARENTAL PERMISSION SLIP**

APPLICANT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

EMERGENCY CONTACT NAME AND PHONE: _____

Does the participant have any chronic illnesses? YES NO
If yes, please explain:

Does the participant require any medications? YES NO

Name of physician: _____ Phone: _____

Special Instructions: _____

I, _____ (Please print), hereby give my permission for
_____ (participant's name) to participate in the KVMR Youth Voices Radio Project
from July to August 2007 at the Truckee Teen Center and in Nevada City at the KVMR Broadcasting studios.

I affirm and acknowledge that I accept complete liability for my child and furthermore that I waive any and all liabilities
against KVMR Radio. I understand that safety precautions will be adhered to, but accidents can happen. In the event of
an accident, I give my permission for medical treatment to be administered to my child.

Parent/Guardian's Signature: _____ Date: _____