



Community Television of Santa Cruz County

Applying for:

- Discounted Membership (\$10 per year plus 6 service hours)
- Class Discount (\$5 per class plus 3 service hours)
- Attached Proof of Income/Justification Project Description

Community Television of Santa Cruz County Application for Discounted Membership and/or Classes

Grant #: _____

Date Received: _____

Applications MUST be legible. Please print clearly and read the rules listed on this form. Community Television provides facilitation appointments to assist you in completing your application. Please see the front desk to sign-up.

Name: _____

Address: _____

City, Zip _____ Phone: _____

Email _____

The purpose of discounted membership and class admission is to allow those who cannot afford to attend Community Television classes to participate in the production of Community Television programming. Classes are ongoing, therefore applications may be submitted at anytime.

Rules for Application

- You **must qualify to be a Community Television member** in good standing with all appropriate pre-requisite certifications. To receive a class discount you must be a member of CTV.
- Your application **must be legible and complete**. Please print clearly. If we are unable to read your writing, your application will be returned. You may resubmit a new application for the next month.
- You will not be eligible to apply for discount class admission again until you have fulfilled all requirements for any previous Community Television discounted membership or admission to class. This means completing the class and service hours.
- You may either apply for discount class admission or register and pay for class. **You may not use discount admission as reimbursement for a class that has already been paid for.**
- You must agree to abide by all Community Television rules and policies. Copies are available at the front desk.

Project Description

Please describe how you will use the training you will get from Community Television. Please be as descriptive as possible. (Please use a separate sheet of paper, up to one page.)

- What program do you plan to produce or volunteer for? Please give a description of the program/project and what your roles/duties will be.
- Describe the training you need and how it will contribute to the project.
- If possible, provide a letter of support from the existing producer you will be working with.

**Note: If you need assistance in any form (ie. Because you are disabled, have a literacy deficit, or for any other reason), please contact staff with questions.*

Justification for Discounted Membership or Classes

Please attach proof of income or information describing why you need financial assistance for classes and/or membership.

Service Agreement

In return for receiving discounted membership or class admission, we ask that you commit to providing service hours. For membership, we ask for 6 hours. For each class you take, we ask 3 service hours. Service hours must be completed one month after completion of each class and before equipment can be checked out. Service hours may be fulfilled through Community Television projects and productions. Work completed on independent public access projects may be accepted as service hours on approval of Community Television management.

Duties to fulfill this requirement will be determined by the Community Television management. Service hours assignments may include working in engineering, production, or around the facility assisting with cleaning, organizing or special projects.

To help us determine the duties that best suits your skills and abilities please complete the following information.

Special skills and Interests: _____

What is your favorite aspect of Community Television?

What times are you available to complete your service hours? *Please X all that apply.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (10:00-1:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1:00-5:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5:00-9:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any physical tasks in which you would be unable to participate?

Are there any areas that you would especially like to commit your service hours to?

In signing below, I declare that the forgoing information is true and correct. I also have read, and agree, to abide by the rules and expectations set out in the CTV Discounted Membership Policy.

Signature _____ Date ____/____/____

Parent/Guardian _____ Date ____/____/____

For Staff Use

Member #: _____ Project: _____

Certifications: _____

Hours of Training Received: _____

Other Fee Reductions Received: _____

Notes: _____

Completion Date: _____ Staff Initial _____ Date _____