



PASS: No ☐ Yes ☐ Letter sent

Do you have post-high school degrees? No ☐ Yes ☐ **List your Majors and Minors**

List your Majors and Minors

Special Subject Areas It is assumed that you will be able to record general college-level subjects such as political science, history, economics, etc. Please check any special subject areas in which you believe you have expertise:

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Law
<input type="checkbox"/> Anatomy	<input type="checkbox"/> Logic
<input type="checkbox"/> Art	<input type="checkbox"/> Mathematics <input type="checkbox"/> Algebra <input type="checkbox"/> Calculus <input type="checkbox"/> Geometry
<input type="checkbox"/> Biology	<input type="checkbox"/> Statistics
<input type="checkbox"/> Botany	<input type="checkbox"/> Medical
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Music
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Religion
<input type="checkbox"/> Drama	<input type="checkbox"/> Science (other)_____
<input type="checkbox"/> Electronics	<input type="checkbox"/> Other_____
<input type="checkbox"/> Engineering	
<input type="checkbox"/> Design specs	
<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Electrical	

Foreign Languages Indicate whether you are fluent and able to read entire texts, capable of reading occasional foreign words in English publications, able to read and speak the original script (non-English/Roman alphabet), and to which specific languages of general language categories this applies.

African	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	African language(s)_____
Arabic	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Chinese	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script Chinese language(s)_____
Danish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Finnish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
French	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
German	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Greek	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Hebrew	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Hmong	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Icelandic	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Italian	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Japanese	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Korean	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Latin	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Native American	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	Native American language(s)_____
Norwegian	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Polish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Portuguese	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Russian	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Sanskrit/Pali	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Spanish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Swedish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	
Vietnamese	<input type="checkbox"/> Fluent	<input type="checkbox"/> Capable	<input type="checkbox"/> Original Script
Other			
language(s)			_____

Reading Preferences

Reading assignments are made according to customer and listener needs. When possible, we do make reasonable attempts to match volunteers with their preferred reading subjects. If you have a choice, what subject matter(s) do you prefer to read?

- | | | |
|---|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> History | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Home Decorating | <input type="checkbox"/> R-rated/X-rated |
| <input type="checkbox"/> Biography/Autobiography | <input type="checkbox"/> Humor | <input type="checkbox"/> Religion/Spirituality |
| <input type="checkbox"/> Business News | <input type="checkbox"/> LGBTQ Interest | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Children/Young Adults | <input type="checkbox"/> Literature | <input type="checkbox"/> Science |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Military/War | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Money/Finance | <input type="checkbox"/> Self-help/Self-improvement |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Mystery/Intrigue | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Nature/Gardening | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Entertainment/Celebrity News | <input type="checkbox"/> Newspapers, live on-air | <input type="checkbox"/> Thrillers/Espionage |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Travel/Geography |
| <input type="checkbox"/> Fashion/Style/Design | <input type="checkbox"/> Philosophy | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Health | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |

Our Expectations of You

- It is essential that we adhere to recording schedules to meet customer and listener deadlines and expectations.
- Depending on your assignment, we require that readers volunteer 2 - 4 hours a week of their time.
- You may take time off as needed for vacation, illness, or other commitments, with appropriate notice.

Are you able to volunteer 2-4 hours per week? No ☐ Yes ☐

If you must cancel your regular session, are you willing to make up the hours? No ☐ Yes ☐

Are you at least 18 years of age? No ☐ Yes ☐

How did you hear about this volunteer opportunity? _____

I certify that I have carefully reviewed and completed this application and the **Notice of Intent to Collect Private Data from Volunteer Applicants and Volunteers**. All information provided in this application is true and accurate.

Signature

Date

If you have any questions, call (651) 539-1423 (metro area) or toll free 1-800-652-9000. We will contact you as soon as possible regarding your application. Thank you for your interest!

Please submit completed application to:

Mail: SSB
Attn: Thomas Conry
2200 University Avenue West
Suite 240
St. Paul, MN 55114

Email: thomas.conry@state.mn.us

Fax: 651-649-5927