



**Friend Of APAC /Volunteer Form**

*Any person, family, business, organization or other entity, who wants to support APAC, and who lives, works, or a business located in the Town of Ayer, may be admitted to volunteer and make content for APAC. This signed document is to be completed before anyone can become a Friend of APAC or volunteer of Ayer Public Access Corporation. By signing this form I agree to comply with rules, regulations, and policies set by Ayer Public Access Corporation.*

**Friends of APAC & Volunteers Guidelines and Accommodations:**

1. By becoming a Friend of APAC, I will be allowed to sign out all equipment, help with filming town events, and volunteer for APAC events and fundraisers. You are also allowed to be trained on APAC equipment, editing software, and of creative tools (photoshop, after effects, etc.)
2. When signing out cameras I'll make sure that all equipment is properly checked out by a staff member and returned with all pieces intact to the APAC staff.
3. I agree to obtain, in writing, all necessary clearances and permissions from any and all organizations, individuals, and groups as may be needed to tape and /or cablecast material on the Public, Educational, and Governmental Access Channels.
4. Should anything get damaged in my care I will inform APAC so they may make necessary repairs or replacements to the equipment.

By signing this document I, \_\_\_\_\_, give APAC permission to air my videos and send them out on-air, online, and through social media.

**Check All That Apply:**

- I want to create content that will air on APAC.
- I would like training on equipment and/or learn how to edit.
- I'd like to be on the APAC crew call list, volunteer with APAC and receive alerts when productions are happening.
- I only want to be a volunteering member of APAC/ APAC and not create videos.

**Type Of Volunteer:**

- Individual
- Family. Number of Family Members: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If the volunteer is under 18 years of age, please enter a parent or guardian's email address: (If the email address of a parent or guardian is provided, this form will be sent for their signature.)

Parent/  
Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_