



# Brockton Community Access

P.O. Box 1057 – Brockton, MA 02303 – Tel:(508)580-2228 Fax: (508)580-0750  
 www.BCATV.org

## TRAINING APPLICATION

*BCA Staff Use Only*

*Staff Member's*  
 Name: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### For Demographic Purposes

Please check the appropriate box according to your age. Please note: Anyone under the age of 18 cannot be a producer but can be trained as a volunteer with proper supervision.

*If you are under the age of 18 please include your **Date of Birth** on this line*

<i>Please check one of the boxes below...</i>	
<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 26 - 35
<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55
<input type="checkbox"/> 56 - 65	<input type="checkbox"/> 66 - 75
<input type="checkbox"/> 76 - 85	<input type="checkbox"/> 86 - 99

**I would like to:** *(Please check all that apply)*

1	VOLUNTEER to work on any BCA Program	
2	VOLUNTEER to work on a specific BCA program <i>(please explain below)</i>	
3	PRODUCE my own program using BCA studios	
4	PRODUCE my own program using BCA portable and editing equipment	
5	Cablecast my PRE-PRODUCED TAPE on the BCA channel	

**Have you had any prior training or experience?**

		School - Business - Access Center	Date of Training
1	BCA Training Workshop(s)		
2	Other access center or cable company training		
3	Other formal training in television production		
4	Other training or experience		

Contact Person where trained: \_\_\_\_\_

Use this space for additional comments: \_\_\_\_\_

\_\_\_\_\_

Which **BASIC** training would you most likely want to take? (Check all that apply)

1	Studio Production	
2	Editing	
3	Portable Equipment	

Which **ADVANCED** training would you most likely want to take? (Check all that apply)

1	Studio Production	
2	Director's Workshop	
3	Editing	
4	Portable Equipment	

When are you available to take training? (Check all that apply)

Day	Mornings 9:00-Noon	Afternoons Noon-4:00	Evenings 4:00-10:00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Please note...All applicants must first complete an **Orientation Session**, read and sign the **Policies and Guidelines Agreement** and become a **Member of BCA** before attending any production workshops.

Questions and/or Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

*Parent or guardian permission must be granted for anyone under the age of 18.*

<b>STAFF USE ONLY!</b> Staff initial & date each workshop completed by member.		
Training	Date:	Employee Initials
Date Orientation Completed:		
Portable Workshop:		
Studio Workshop:		
Post-Production Workshop:		
Other Additional Workshops:		