



Brockton Community Access

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

www.BCATV.org

TRAINING APPLICATION

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*

Please check one of the boxes below...

<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.

STAFF USE ONLY! Please place your (staff) <i>initials</i> and the completion date of each workshop attended by member.		
Training	Date:	Employee Initials
Training Application Received By:		
Date Orientation Completed:		
Portable Workshop:		
Studio Workshop:		
Post-Production Workshop:		
Other Additional Workshops:		