TEEN TALK RADIO SHOW ON KCEP- INTEREST FORM

TEEN APPLICANT INFORMATION		
Name:		**Position(s) interested in:**
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email address:		

ATTENTION: ***Must be available on SATURDAYS for LIVE SHOWS and TEAM Meetings.***

CURRENT SCHOOL ENROLLED IN		
Name of School:		**Current GPA:**
Address:		What grade are you in:
City:	State:	ZIP code:
Current school activities:		
Current after-school activities:		

EMERGENCY CONTACT		
Name:	Relationship:	
Address:		Phone:
City:	State:	ZIP Code:
Email address(s):		

Additional Questions: 702-534-1416 or Email: Teentalk@kcepfm.com.

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WHAT SKILLS DO YOU POSSESS THAT WOULD MAKE YOU AN ASSET TO THE SHOW?
Place an (x) by all that apply

___ I am comfortable speaking in front of others	___ I know how to work Microsoft Office	___ I am comfortable sharing my opinions with others
___ I am an excellent reader	___ I know how to create a power point presentation	___ I like to work in a group
___ I like to write essays	___ I know how to find reliable information on the internet	___ I have experience working as a team member
___ I am a creative writer	___ I can send and receive text messages	___ I am able to multitask
___ I have daily access to a computer	___ I have a lot experience using a smart phone	___ I am a problem solver

Which Social Media Platforms are you active on:

__ Facebook __ Twitter __Instagram __ YouTube __ Snapchat Other: _____

Please list Social Media Handles/Names:

BRIEFLY, TELL US WHY YOU ARE INTERESTED IN BEING A PART OF KCEP TEEN TALK

_____

_____

_____

_____

(attach sheet if necessary)

REFERENCES: PLEASE SUBMIT AT LEAST 1, AND NO MORE THAN 2 LETTERS OF RECOMMENDATION ALONG WITH THIS SHEET. ONE OF THE LETTERS MUST BE FROM A PARENT OR GUARDIAN AND SHOULD STATE WHY YOU SHOULD BE SELECTED TO BE A PART OF TEEN TALK. REFERENCES WILL BE CHECKED, SO PLEASE PROVIDE ACCURATE CONTACT INFORMATION.

Reference Names:	Email Address:	Phone

PARENT OR GUARDIAN

Name	Email:	Phone:

SIGNATURES
Along with signatures, please include letter(s) of recommendation(s) – 1 must from a parent or guardian. By signing this interest form for the Teen Talk radio show on KCEP, I authorize the Economic Opportunity Board, KCEP or its agents to verify the information provided on this form. If selected, we will contact the references to verify information submitted on this form (*Please make a copy for your files before submitting*)

X

Signature of TEEN: Date:

X

Signature of Parent or Guardian *(REQUIRED for teens under 18 years of age)* Date:

X

Parents or Guardian Print Name Relationship to teen applying for inquiry

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