



Comcast Channel 23
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TRAINING APPLICATION FORM

Name of Applicant: _____

Street Address: _____

City: _____, State: _____, Zip Code: _____

Proof of Residency (Drivers License #): _____

Are you 18 years of age or older? Y N

Telephone Number (days): _____, (evenings): _____

E-Mail: _____

Are you interested in participating as a Community Access volunteer and assisting in the production of Community Access programs? (Please Circle) YES NO

Please explain why you are interested in receiving video production training:

DO NOT WRITE BELOW THIS LINE

Training Completed Successfully?: YES NO

Area(s) of Competency:

Date: _____

Instructor: _____