

INFORMATION WE REQUIRE ABOUT YOU

Name: Mr/Mrs/Miss/Ms	Date:
Home Address:	Work Address:
P/code:	P/code:
Home Phone No:	Work Phone No:
E-mail:	Fax:
Mobile:	

How do you like to be contacted?

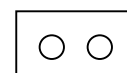
- home phone work phone mobile phone
 fax e-mail

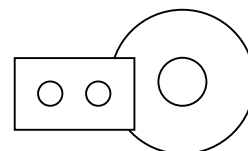
AGE GROUP

- 20 - 30 40 - 50 60 - 70
 30 - 40 50 - 60 70 +

COMMITMENT

- Generally speaking, how many hours per week can you spare when you have agreed to do a narration?
 3 hours/25 pages 7.5 hours/60 pages 5 hours/40 pages
 10 hours/80 pages more than 10 hours
- Would you prefer to have something to read:
 constantly frequently occasionally
- Are you available at short notice?
 YES NO sometimes
- Are school holidays an awkward time for recording?
 YES NO sometimes
- Are you available for other volunteer work at QNS? E.g. monitoring other narrator's work, labelling and packaging library orders, office assistance
 YES NO sometimes





ABOUT YOU CONT.

6. Are you available to do narrating in a studio close to QNS?
 YES NO with notice

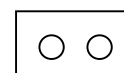
7. Are you available to read to a Vision Impaired group at a retirement village/respice care centre on a regular basis?
 YES NO

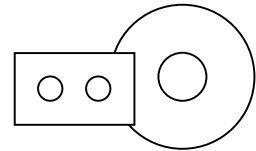
8. What information about your educational background or work experience would be useful for us to know when allocating university and TAFE work? Please mention qualifications you have.

9. Have you had any experience in radio, acting, drama or any other vocation which involves voice training?

10. Do you have any other relevant skills or interests that could assist you in this work? E.g. Have you read out loud to people? (E.g. children, elderly people) Do you listen to audio books?

11. How comfortable are you with audio technology? E.g. Have you used a cassette recorder, a microphone or recording and editing software on a computer? Do you own a computer?





ABOUT YOU CONT.

12. Do you have a quiet space where you can narrate without interruption or distracting noises?

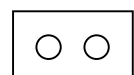
13. Tell us briefly, why you would like to narrate written text into an audio format and what you expect out of volunteering for QNS.

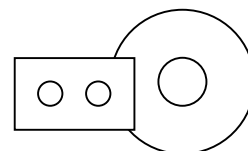
14. Please tell us how you found out about QNS _____

15. Are you open to receiving constructive criticism?

YES

NO





Subject Preferences

To indicate preference, please tick the appropriate box:

read anything

BUSINESS

Business Studies Law Economics Typing

LANGUAGE

English Language ESL Linguistics

LEISURE - HOBBIES

Art Craft/Hobbies Gardening
 Cookery Music Environmental Lit
 Sport

LITERATURE

Auto/biography Light Fiction Children's Books
 Literature/Poetry Science Fiction Drama
 Modern Novels Romance Australiana
 Mysteries Westerns

MATHS/COMPUTER

Computer Science Mathematics Statistics

RELIGION

Religious Material Yoga/Meditation New Age

SCIENCE

Anatomy Chemistry Medical material
 Biology Geology Physics
 Nutrition

SOCIAL SCIENCE

Ancient History Modern History Psychology
 Anthropology Philosophy Social Work
 Education Political Science Sociology
 Geography

TECHNICAL

Electronics Engineering Technology Radio

DO YOU SPEAK ANY OTHER LANGUAGES? PLEASE LIST

CLASSIFICATION

Using A (do not mind), B (will read) or C (will not read) preferences, please indicate your attitude to reading material containing the following: (Please note: if you place a C in the boxes below, you will not be considered for novel reading)

Excessive violence

Excessive blasphemy

Explicit Sex

Coarse language

