

Share Your Story!

If you volunteer in the community, we want to hear your story. Tell us about it and you may just see it on *The Friday Zone* or on *ZOOM*.

We want to know all about your volunteer project. Print this page, fill out all the information, and mail it to the address below. If you have photos or a video, send those, too. And don't forget to have an adult sign the form before you drop it in the mail. Send your story to:

The Friday Zone
1229 E. 7th St.
Bloomington, IN 47405

Tell Us About Yourself

First name: _____ Last name: _____ Age: _____

Street: _____

City: _____ State: _____ ZIP code: _____

Phone: _____

Your Volunteer Project

Answer these questions here, or use another sheet of paper if you need more room.

I'm volunteering for: _____

How I'm volunteering: sharing my time raising money

collecting and donating things other: _____

Who volunteers with me: I work alone my family my friends

a group (Tell us who they are.) _____

How often I volunteer: a few times a week once a week once a month

once a year other: _____

Here's how I got the idea: _____

These are the steps I took: _____

Here are some results: (Give us some numbers, like you washed seven cars, you raised \$50, you made one person smile.)

One of the coolest things that happened while I volunteered was: _____

Send us a video or photos that show you volunteering. Who knows? You might see yourself on ZOOM's TV show or web site. Never made a video before? Find out how on the ZOOMvid section of the ZOOM web site.

Adult permission

(Ask a parent or legal guardian to read and sign below.)

I have reviewed my child's submission and we both understand that all submissions become the property of ZOOM and our local public television station, and will be eligible for inclusion in all ZOOMmedia. This means that ZOOM can share our ideas with other ZOOM ers on TV, the web, in print materials, and in other media and ZOOM ways.

I give permission for ZOOM to contact me and my child in the event that ZOOM needs further information.

Name (please print): _____ Relationship: _____

Signature: _____ Date: _____

Phone: _____