



Sounds of the Beacon Media Team New Volunteers Questionnaire

Name: _____

Form: _____

Date _____

1	Which part of being a Sounds of the Beaconer you think you would most enjoy...
	Presenting Crew/Filming
2	Please tell us about any experience you have.
3	What are you interested in? (what are your hobbies and interests?)
4	Why would you like to be a volunteer?

Please return this questionnaire to Miss de la Mare in the LRC
We will contact you if a place becomes available.
Thank you