



NeighborMedia Application

Name _____		<input type="checkbox"/> Renewal	<input type="checkbox"/> New
Organization (if applicable) _____		Date _____	
Address _____			
City _____	State _____	Zip _____	
Phone Home _____	Work _____	Cell _____	
E-mail _____			

What issues or topics would you plan to cover as a civic journalist?

Please tell us how you are already involved in your community.

What skills do you hope to gain from the program?

What days and times are you available?

- | | | | |
|------------------------------------|-------------|-----------------------------------|-------------|
| <input type="checkbox"/> Monday | time: _____ | <input type="checkbox"/> Thursday | time: _____ |
| <input type="checkbox"/> Tuesday | time: _____ | <input type="checkbox"/> Friday | time: _____ |
| <input type="checkbox"/> Wednesday | time: _____ | <input type="checkbox"/> Sunday | time: _____ |

OFFICE USE ONLY	Start Date ____ / ____ / ____	Start Date ____ / ____ / ____
Staff _____	v 02.25.09	