

WAIF PROGRAM APPLICATION

DATE OF APPLICATION: _____

PROGRAM TITLE: _____

NAME: _____

PSUEDONYM (ON-AIR NAME): _____

DAY: _____ TIME: _____

FULLTIME PROGRAM [] SUMMER PROGRAM []

FORMAT: _____

TYPE OR PRINT YOUR INFORMATION ON THE FIRST TWO PAGES AND RETURN WITH YOUR COMPLETED PROPOSAL.

LEGAL NAME (required by FCC): _____

ADDRESS: _____ APT: _____

CITY _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____ PAGER: _____

WORK PHONE: _____

EMAIL: _____

ALL NEWPROGRAMMERS, CO-HOSTS, AND SUBSTITUES PROGRAMMERS AT WAIF MUST BE ABLE TO SHOW PROOF OF NAME AND AGE. PROVIDE A CURRENT POLICE CHECK. ATTEND SCHEDULED TRAINING REQUIREMENTS. ALREADY BE OR BECOME PAID MEMBERS OF REAL STEP CHILD RADIO INC.

ARE YOU 18 YEARS OF AGE OR OLDER? [] Y [] N

ARE YOU ABLE TO PROVIDE A CURRENT POLICE CHECK? [] Y [] N

ARE YOU A CURRENT MEMBER OF WAIF? [] Y [] N

APPROX. DATE YOU BECAME OR RENEWED MEMBERSHIP _____

HAVE YOU EVER PRESENTED A PROGRAM ON WAIF? [] Y [] N

HAVE YOU EVER BEEN A GUEST ON A WAIF PROGRAM? [] Y [] N

PROGRAM NAME: _____ WHEN? _____

DO YOU HAVE ANY PREVIOUS RADIO OR RELATED EXPERIENCE? [] Y [] N

ON-AIR [] PRODUCTION [] ENGINEERING [] INTERNET BROADCASTING []

ARE YOU CURRENTLY; EMPLOYED [] STUDENT [] RETIRED []

FULL TIME [] PART TIME [] HOW MANY HOURS PER WEEK? _____

DO YOU VOLUNTEER ELSEWHERE? [] Y [] N

HOW MANY HOURS PER WEEK? ____

HOW MANY HOURS PER MONTH COULD YOU VOLUNTEER TO OTHER WAIF
ACTIVITIES? _____

WOULD YOU BE AVAILABLE FOR APPEARANCES AT EVENTS? [] Y [] N

WHAT TIME DO YOU HAVE FREE BETWEEN 8AM - 3PM TO PRESENT A SUMMER
PROGRAM AT WAIF? (Be specific)

MONDAY ____-____ TUESDAY ____-____ WEDNESDAY ____-____

THURSDAY ____-____ FRIDAY ____-____

IN CASE OF EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

I certify that all the answers given on this questionnaire and all statements in my program proposal are true. I authorize The Real Stepchild Radio of Cincinnati, Inc.(WAIF-FM) to investigate any claim made by me in my proposal or this questionnaire.

SIGNATURE: _____

DATE: _____

WAIF-FM PROGRAM PROPOSAL

CAREFULLY READ EVERY QUESTION BEFORE CONTINUING. TYPE OR PRINT A DISCUSSION OF THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. BE SPECIFIC IN YOUR DISCUSSION. DO NOT EXAGERRATE ABOUT YOUR ABILITY, RESOURCES OR CONCEPT FOR A PROGRAM. EXPLAIN WHAT YOU WANT TO DO, NOT WHAT YOU THINK WE WANT TO HEAR.

1. WHAT ARE SOME POSSIBLE TITLES FOR YOUR PROGRAM?
2. WOULD YOU USE YOUR REAL NAME OR A PSEUDONYM ON THE AIR? WHAT NAMES ARE YOU CONSIDERING?
3. DESCRIBE THE CONTENT OF YOUR PROGRAM.
4. WHAT AUDIENCE ARE YOU TRYING TO REACH?
5. WHAT IS THE GOAL OF YOUR PROGRAM?
6. HOW WILL THE CINCINNATI COMMUNITY BENEFIT FROM YOUR PROGRAM?
7. DOES ANY RADIO STATION (INCLUDING WAIF) HAVE ANY SIMILAR PROGRAMS? EXPLAIN.
8. IS YOUR EMPLOYMENT, EDUCATION, RELIGION, POLITICAL BELIEFS OR VOLUNTEER WORK CONNECTED TO YOUR PROGRAM? EXPLAIN.
9. DO YOU HAVE ANY BROADCASTING EXPERIENCE? LIST DATES AND REFERENCES:
10. DO YOU HAVE ANY BROADCASTING EDUCATION? IF YES, EXPLAIN.
11. ARE YOU SEEKING A CAREER IN BROADCASTING?
12. DO YOU HAVE ANY SPECIAL SKILLS THAT WILL CONTRIBUTE TO YOUR PROGRAM? EXPLAIN.
13. WILL OTHER PEOPLE HELP PREPARE OR PRESENT YOUR PROGRAM? WHO? HOW OFTEN?
14. DO YOU KNOW ANY CURRENT OR FORMER WAIF PROGRAMMERS WHO COULD SUBSTITUTE IN YOUR ABSENCE. LIST NAMES:
15. DO YOU HAVE ANY POTENTIAL UNDERWRITERS FOR YOUR PROGRAM? LIST NAMES:
16. WILL SOMEONE BE PAYING YOU TO PRESENT THIS PROGRAM?

IF YOUR PROGRAM WILL CONSIST MAINLY OF MUSIC, ANSWER QUESTIONS 17 - 23:

17. HOW MANY CD's, RECORDS, TAPES, ETC., DO YOU HAVE FOR USE ON YOUR PROGRAM?
18. WHAT PERCENTAGE OF YOUR MATERIAL WILL YOU BORROW? WHOSE? HOW OFTEN?
19. HOW DO YOU DISCOVER NEW MATERIAL? (I.e. radio, friends, magazines, internet) BE SPECIFIC.
20. HOW MANY CD's, RECORDS, TAPES, ETC. HAVE YOU PURCHASED IN THE LAST 60 DAYS?
21. INCLUDE A REPRESENTATIVE LIST OF ARTISTS YOU WILL FEATURE.
22. WILL YOU FEATURE YOUR OWN COMPOSITIONS? YOUR FRIENDS?
23. DO YOU USE SCRATCH TURNTABLES, COMPUTERS, DRUM MACHINES, SOUND EFFECTS, OR OTHER SUCH MEDIA? EXPLAIN;

IF YOUR PROGRAM WILL CONSIST MAINLY OF TALK, ANSWER QUESTIONS 24 - 29:

24. WILL YOU BE EXPRESSING YOUR OWN OPINIONS? IF, YES WHAT EXPERTISE DO YOU HAVE?
25. IS YOUR PROGRAM AFFILIATED WITH OR DO YOU REPRESENT GROUPS SEEKING, SOCIAL, LEGAL, POLITICAL, RELIGIOUS OR ENVIRONMENTAL ACTION?
LIST GROUPS:
26. LIST SEVERAL POSSIBLE TOPICS OF DISCUSSION.
27. WILL YOU PRESENT OPPOSING VIEWS?
28. WILL YOU CONDUCT INTERVIEWS? IF YES, WILL THEY BE LIVE IN THE STUDIO? DONE OVER THE TELEPHONE, OR ON TAPE?
29. WILL YOU USE SYNDICATED PROGRAMS OR PROGRAMS PRODUCED OTHER THAN BY YOURSELF? IF YES, WHAT PERCENTAGE OF YOUR PROGRAM AND THE SOURCE OF THESE PROGRAMS?