



# VOLUNTEER DATA SHEET

DATE \_\_\_\_\_

This form must be submitted with program proposal for **each completed** program/episode created and/or submitted.  
 DCTV-certified Producers must log all names and hours for volunteer crew positions.  
 This ensures that volunteers receive proper credit, and DCTV can track accordingly.

Producer name / Member ID: \_\_\_\_\_ / \_\_\_\_\_

Show name / Episode name: \_\_\_\_\_ -- \_\_\_\_\_

Check the positions utilized, and write name(s) and hours served in the areas provided:

|                                     | Producer: <b>Did NOT use DCTV to Produce</b> or <b>Used DCTV Crew &amp; Facility</b> | Hours: <del>ffYei jfYX</del> |
|-------------------------------------|--|------------------------------|
| <input checked="" type="checkbox"/> |  |                              |
| <input type="checkbox"/>            | Director:  | Hours:                       |
| <input type="checkbox"/>            | Technical Director:  | Hours:                       |
| <input type="checkbox"/>            | Cameraperson:      Studio?                      or                      Field?       | Hours:                       |
| <input type="checkbox"/>            | Cameraperson:  | Hours:                       |
| <input type="checkbox"/>            | Cameraperson:  | Hours:                       |
| <input type="checkbox"/>            | Set Design:  | Hours:                       |
| <input type="checkbox"/>            | Set & Light:   | Hours:                       |
| <input type="checkbox"/>            | Audio:   | Hours:                       |
| <input type="checkbox"/>            | Teleprompter:  | Hours:                       |
| <input type="checkbox"/>            | Character Generator:   | Hours:                       |
| <input type="checkbox"/>            | Editor:  | Hours:                       |
| <input type="checkbox"/>            | Production Assistant:  | Hours:                       |
| <input type="checkbox"/>            | <b>Other: COMPUTER GRAPHICS</b>  | Hours:                       |
| <input type="checkbox"/>            | <b>Other: WEB DESIGN</b>   | Hours:                       |
| <input type="checkbox"/>            | <b>Other: SOCIAL MARKETING</b>   | Hours:                       |
| <input type="checkbox"/>            | <b>Other: MAKE-UP / HAIR / STYLING</b>   | Hours:                       |
| <input type="checkbox"/>            | <b>Other: MARKETING &amp; PROMOTION (NON-WEB including events)</b>                   | Hours:                       |
| <input type="checkbox"/>            | <b>Other: TALENT &amp; GUESTS (total hours for all)</b>                              | Hours:                       |

|                          |                           |        |
|--------------------------|---------------------------|--------|
| <input type="checkbox"/> | Other: (Please write in:) | Hours: |
| <input type="checkbox"/> | Other: (Please write in:) | Hours: |

HOW WAS YOUR CREW OBTAINED? (CHECK ALL THAT APPLY):

|                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | CREW CALL E-MAIL            |
| <input type="checkbox"/> | DCTV WEBSITE                |
| <input type="checkbox"/> | DCTV STAFF                  |
| <input type="checkbox"/> | OTHER MEMBER RECOMMENDATION |
| <input type="checkbox"/> | OTHER: _____                |