

Staff Initials	Client ID #	Date	CMC
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CLIENT REGISTRATION FORM

PLEASE FILL-OUT COMPLETELY, (PRINT CLEARLY)
MUST BE A HONOLULU COUNTY RESIDENT

If you are representing an organization and are planning to make programs on behalf of your organization, please complete section on the back page.

<input type="checkbox"/> MR	<input type="checkbox"/> MRS	First Name:	M.I.:	Last Name:	<input type="checkbox"/> JR
<input type="checkbox"/> MS	<input type="checkbox"/> MISS		<input type="checkbox"/> SR		<input type="checkbox"/> III
Street Address:				Hm Phone:	
				Mobile Phone:	
City:			Bus. Phone:		Ext:
State:		Zip:	Fax:		
Email:					
ID Type: <input type="checkbox"/> Drivers License # _____ <input type="checkbox"/> State ID # _____ <input type="checkbox"/> School ID # _____					
<input type="checkbox"/> Military ID # _____ <input type="checkbox"/> Passport # _____					

Registered and/or certified 'Ōlelo clients are entered into 'Ōlelo's volunteer pool. Creating a program can be time-consuming and labor-intensive with the need for volunteers to help on productions. Whether you're lending general production help, acting as on-camera talent or doing any one of a dozen tasks, you'll find volunteering for non-commercial television can be very rewarding.

I give 'Ōlelo permission to give out my contact information to other 'Ōlelo producers in the volunteer pool for community television related business.

(Check box)

Please check below the contact information 'Ōlelo can release to fellow 'Ōlelo producers.

Home Phone <input type="checkbox"/>	Mobile Phone <input type="checkbox"/>	Business Phone <input type="checkbox"/>	Fax Number <input type="checkbox"/>	Email Address <input type="checkbox"/>	Street Address <input type="checkbox"/>
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I have reviewed the information above and to the best of my knowledge verify it is correct.

_____ Date: _____
Client Signature

_____ Date: _____
Parent/Guardian/Teacher Signature (if client is under 18 years of age)

Parent/Guardian/Teacher Full Name

DEMOGRAPHICS

The information provided below is for statistical purposes only. It will be kept confidential.

Demographic information helps 'Ōlelo measure its success in attaining its mission regarding "diversity of thought, culture and heritage on O'ahu." Providing the following information is optional, but we would like to encourage your participation.

Gender:

- Male
 Female

Date of Birth: ___/___/___
(Required for those under 18 years of age)

Age: less than 18 18-25 26-34
 35-44 45-54 55-65
 older than 65

Ethnic Group: African-American Caucasian Chinese English Filipino
 Hawaiian/Part Hawaiian Hispanic Japanese Korean
 Micronesian Native American (Indian, Alaskan) Portuguese Samoan
 Other (specify) _____

How did you hear about 'Ōlelo?

- Word of Mouth/Friend Watching Access channels Newspaper
 Radio TV Internet 'Ōlelo Staff Member Other (please describe) _____

Income Range: under \$25,000 \$25,000 - \$34,999 \$35,000 - \$49,999
 \$50,000 - \$74,999 \$75,000 and above

Primary Language: Please Specify _____

How often do you watch Access? Weekly Monthly Never

Is your household a cable subscriber? Yes No

Highest Education Attained: Less than high school High school graduate
 Some college College graduate Post-graduate

If you are representing an organization, please fill out the following information

Name of Organization/School: _____

Type of Organization: Athletics Charitable Civic Leagues Culture & the Arts
 Educational Environmental Health and Human Services Religious
 Other _____

Organization/School Address: _____

City/State/Zip _____

Organization/School Phone Number: _____

Fax Number: _____

Website address: _____

Executive Director or Primary Contact Name: _____

Do you know any other group that may be interested in 'Ōlelo? Yes No

Organization Name: _____

Contact Name: _____

Contact Phone Number: _____