

Torrance Community Television  
**VOLUNTEER CERTIFICATION APPLICATION FORM**



Date/Time Stamp

**TCTv Producer:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Organization (if applicable)** \_\_\_\_\_

**Producer Status:**                 New     Recertification  
**I am applying for Certification:**     Field & Post-Production             Studio Production

*To become a Certified TCTv Producer, a Volunteer must participate on six different TCTv Productions within a one-year period. All six of the Volunteering efforts must be within the same discipline – field or studio production. All six productions must have been cablecast on TCTV.*

**P R I N T**

DATE	ROLE/CREW POSITION	SERIES/SHOW	TCTv PRODUCER	PRODUCER SIGNATURE	STAFF SIGNATURE
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**OFFICE USE ONLY**

Coordinator: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_