On-Air Programmer Contract, 106.1 FM

All volunteers wishing to participate in the operations of WSCA-LP, whether on or off the air, should understand the principles, philosophies, policies, and governance structures that underpin the entire organization. This information is contained in orientation handbooks, which are available to all interested persons according to their areas of interest of involvement. As a volunteer-operated organization, Portsmouth Community Radio relies on the passion, responsibility, and personal initiative of members like you. We thank you for sharing your time.

On-air volunteers should be aware of the general guiding principles of WSCA-LP, as well as the duties and responsibilities specific to on-air operations.

Certain FCC regulations and station policies apply only to broadcast operations and must be adhered to at all times. Therefore, on-air volunteers have duties and responsibilities above and beyond other volunteer staff. All Programmers must have completed the required training in production or on-air work, and be certified by the station management.

Programmer: I, the undersigned, fully understand the duties and responsibilities required by being a Programmer for the WSCA-LP volunteer staff, as these duties and responsibilities are outlined above, and have been satisfactorily explained to me during my training at Portsmouth Community Radio.

_____________________________________   _______________________________________
Programmer Name   Programmer Signature

_________________________   _______________________________________________________
Date   Emergency Contact Name & Relationship, Phone Number(s)

_____________________________________   _______________________________________
Name of Parent or Legal Guardian   Parent or Guardian Signature   Date

I, the undersigned, believe that the above-signed Programmer possesses the full understanding and capabilities necessary to perform the functions of a volunteer Programmer at WSCA-LP.

_____________________________________   _______________________________________
Training Department   Signature   Date