

**For Office Use Only**

Receiver Picked Up By \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Serial # \_\_\_\_\_

**WHIL-RADIO READING SERVICE  
LISTENER APPLICATION FORM**

**APPLICATION – PART ONE: PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: \_\_\_\_\_  
(STREET OR P.O. BOX)

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ARE YOU A VETERAN? YES NO

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

HOUSEHOLD INCOME (OPTIONAL): \$0-20,000 \$20,000 - \$40,000 \$40,000+

PROGRAM GUIDE PREFERENCE (CIRCLE ONE): BRAILE LARGE PRINT CASSETTE  
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**APPLICATION – PART TWO: MEDICAL CERTIFICATION INFORMATION**

APPLICANT IS UNABLE TO READ PRINT MATERIAL DUE TO (CIRCLE ONE):  
BLINDNESS VISUAL IMPAIRMENT OTHER DISABILITY

DO YOU WISH TO BE CONTACTED BY A REHABILITATION TEACHER? YES NO

ARE YOU PHYSICALLY ABLE TO TURN ON A RADIO? YES NO

REGISTERED FOR THE LIBRARY OF CONGRESS TALKING BOOK PROGRAM? YES NO  
(IF YOU ARE REGISTERED FOR THIS PROGRAM, YOU MAY PROCEED TO PART THREE  
WITHOUT A PHYSICIAN'S OR REHABILITATION PROFESSIONAL'S SIGNATURE)

**NOTE: TO BE COMPLETED BY A HEALTH CARE PHYSICIAN, NURSE, SOCIAL WORKER  
OR REHABILITATION TEACHER.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ IS UNABLE TO

READ CONVENTIONAL PRINT MATERIALS DUE TO: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**APPLICATION - PART THREE: LOAN AGREEMENT**

I UNDERSTAND THAT I WILL BE ISSUED A WHIL-RADIO READING SERVICE RECEIVER ON AN INDEFINITE LOAN BASIS AND THAT THIS RECEIVER WILL REMAIN THE PROPERTY OF THE WHIL-RADIO READING SERVICE. I UNDERSTAND THAT IT MUST BE RETURNED IF:

- THESE BROADCASTS ARE TERMINATED
- I MOVE OUT OF SIGNAL RANGE
- I AM NO LONGER USING THE RECEIVER

FURTHERMORE, I UNDERSTAND THAT IF I AM UNABLE TO RETURN THIS RECEIVER MYSELF, EITHER OF THE TWO PEOPLE LISTED BELOW WILL ASSUME THAT RESPONSIBILITY FOR ME.

APPLICANT'S SIGNATURE: \_\_\_\_\_

**APPLICATION - PART FOUR: ALTERNATE INFORMATION**

PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO PEOPLE WHO WILL BE RESPONSIBLE FOR RETURNING THE RADIO TO WHIL-RADIO READING SERVICE. AT LEAST ONE OF THE ALTERNATES MUST HAVE A DIFFERENT ADDRESS THAN THE APPLICANT. WITHOUT THIS INFORMATION, WE CANNOT ISSUE THE RECEIVER.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**APPLICATION – PART FIVE: YOUR CONTRIBUTIONS ARE NEEDED**

THERE IS NO CHARGE FOR THE USE OF YOUR RADIO. HOWEVER, WE WELCOME CONTRIBUTIONS TO HELP US PURCHASE MORE RADIOS FOR THOSE WHO CANNOT AFFORD TO MAKE A DONATION AND TO HELP US CONTINUE TO PROVIDE THE SERVICE. EACH \$50 YOU DONATE HELPS US SERVE ANOTHER PERSON UNABLE TO READ PRINT DUE TO BLINDNESS OR OTHER DISABILITY. PLEASE HELP US HELP OTHERS.

**NO ONE WILL BE DENIED SERVICE WHO IS UNABLE TO MAKE A DONATION!**

**PLEASE SEND THIS APPLICATION AND ANY CONTRIBUTIONS TO:  
WHIL-RADIO READING SERVICE; 4000 DAUPHIN ST.; MOBILE, AL 36608**

YOUR RECEIVER AND PROGRAM LISTINGS IN YOUR PREFERRED FORMAT WILL BE ISSUED WHEN WE RECEIVE YOUR COMPLETED APPLICATION. THE WHIL-RADIO READING SERVICE IS PART OF WHIL-FM, A NON-PROFIT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE FULL EXTENT ALLOWED BY LAW.