

KSKQ Community Radio Program Proposal

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Program Name: _____

Description: _____

Length: _____ (Music shows, please keep at least two hours; Public Affairs, please limit to one hour)

Frequency _____ Daily _____ Weekly _____ Monthly _____ Other _____

Preferred Day and Time 1) _____

2) _____

3) _____

Do you have any broadcasting experience? _____

(Note: experience is not necessary for approval.)

If your program involves pre-recorded material, do you already have this material?

If so, how much?

Is the program content affiliated with any business or organization? (There is no “wrong” answer)

What are your volunteer interests at KSKQ? _____ (On-Air hosts must volunteer 2 hours/month.)

Publicity _____ Facilities _____ Training _____

Fundraising _____ Equipment & RF _____ On-Air Fill-in _____

Administrative _____ Studio Sound Engineer _____ Field Recording _____

Music Shows: Please attach two sample playlists for full-length shows, including the artist, track, album and label for each song.

Public Affairs: Please attach two sample “agendas” full-length shows, including suggested guests, topic of conversation and prepared questions to help you guide the hypothetical dialogue.

Thank You!

KSKQ Community Radio
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