



CITY OF RALEIGH PUBLIC AFFAIRS DEPARTMENT  
**Raleigh Television Network**  
**Public Access Orientation Form**

1. Name \_\_\_\_\_  
*(First Name)* *(Last Name)* *(Middle Initial)*
2. Email \_\_\_\_\_
3. Telephone (Area Code/Number) \_\_\_\_\_  
*(Daytime)* *(Evening)* *(Cell / Other)*
4. Not-for-profit or Church that you represent \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any previous public access television experience? YES \_\_\_\_\_ NO \_\_\_\_\_ - \_\_\_\_\_  
Describe experience \_\_\_\_\_  
Do you own or have access to any type of television equipment? YES \_\_\_\_\_ NO \_\_\_\_\_  
List equipment: \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever produced for a cable access organization: YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you have any prior certifications from Raleigh Television Network (RTN)? If yes, list below. Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

If you do not have any television experience, have never participated in public access and anticipate producing a program using services provided at RTN, you will need to attend the Public Access Introduction Workshop to Raleigh Television Network.