



# Statement of Compliance

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Fax Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Eligibility:** To be eligible to be a TVCTV member and to use facilities, equipment, channel time, or services, you must be:

- A resident of the service area (live in Washington County [except Sherwood and Wilsonville], or in Lake Oswego and Rivergrove)
- An employee of a business in the service area
- A student currently attending school in the service area - this eligibility ends upon completion of education or graduation.
- An employee, volunteer, or member of a State of Oregon registered non-profit or community organization, or association, located in the service area using TVC-TV services to directly assist that organization in their mission or work.

Please indicate your proof of eligibility below. **You must bring this proof of eligibility to your first class.**  
(See page 2 of the Policies and Procedures Handbook for more information on eligibility)

- Oregon Driver License w/in MACC Service Area
- Utility Bill w/in MACC Service Area
- Oregon State ID w/in MACC Service Area
- Tax Statement w/in MACC Service Area
- Student ID w/in MACC Service Area
- Volunteer Confirmation on Company Letterhead w/in MACC Service Area
- Pay Stub w/in MACC Service Area

**Public Disclosure Notice:** *TVCTV is a division of the Metropolitan Area Communications Commission (MACC) and therefore falls under the provisions of the Oregon Public Records Law (ORS 192). As a result, all information in MACC's or TVCTV's possession, both paper and electronic, is public information. This means that the public can request this information by making a formal "Request for Public Information" to MACC/TVCTV. Such formal Requests for Public Information are not common, since most people do not want to go through the request process or wait for the information. Please be advised that any information you provide MACC/TVCTV becomes a public record and can be disclosed. This includes your address, telephone number, and email address.*

(Continued On Reverse)

**TVCTV Public Information/Disclosure Policy** -- All general public inquiries regarding TVCTV members will be referred to the Community Television Manager for review and response. He/she will review the request and the file of the TVCTV member to determine the information that can be released. Such responses will usually be provided within 48 hours and the staff will notify the TVCTV volunteer about the public request. Persons making such inquiries will have to provide TVCTV with their name, phone number, and address in order for TVCTV to provide the information – TVCTV does not respond to anonymous requests for information.

TVCTV will routinely release the following information about volunteers and productions:

- Name of the TVCTV member;
- Confirmation that the individual is a TVCTV member;
- Any contact information the volunteer authorizes TVCTV to provide the public (see authorization below); and
- The title, description, length, and any scheduling information about any completed programs submitted for cablecast by the member.

If a member of the public is seeking information beyond that listed above, they must submit a properly completed Request for Public Information Form to TVCTV's Operations Manager, Community TV Manager or the MACC Administrator (copies of these forms are available at the MACC and TVCTV offices). MACC will usually respond to formal Requests for Public Information within seven (7) days.

**Please check the appropriate box(es) below and sign:** In addition to my name, the name of my organization, and general information about my programs (see list of information "routinely released" on attached Public Information and Disclosure Policy), TVCTV can disclose the following contact information about me to the Public:

Organization:

Address                       Office Phone #                       Email                       Website URL                       Fax #

Personal:

Address                       Home Phone #                       Email                       Mobile Phone #                       Home Fax #  
 Office Phone #

**Send me TVCTV's electronic / USPS mail to (check one):**

Organization Address     Home Address

By signing below, I acknowledge: 1) that I've read and understand the TVCTV Public Information/Disclosure Policy and I allow TVCTV to disclose the information checked above to the public; 2) that I have received and read a copy of TVCTV's Policies and Procedures Handbook and therefore understand that as a User of TVCTV's facilities, **I am responsible** for being aware of and complying with the policies contained therein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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<b>TVCTV Staff Use Only:</b>	
Staff Name: _____	Date FACIL updated: _____