

The Central Ohio Association Of Christian Broadcasters



Airtime Application

Personal Information

Date: _____

Name: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Occupation: _____

Church Affiliation: _____

Do you hold any offices at your church? YES NO

If yes which positions do you personally serve?

Where is this church Located?

How did you hear about us?

Which Venues of the Central Ohio Association of Christian Broadcasters are you interested in?

WXCW TV-42 Delaware, Ohio

WOCB TV-39 Marion, Ohio

WOCB TV-48 Kenton, Ohio

WWW.COACB.ORG Internet website

Beliefs and Values

Please use additional sheets of paper if necessary to answer these questions.

1. Why do you wish to have a program with Central Ohio Association of Christian Broadcasters?

2. Would you please explain to us the program you would like to do? How do you plan to bring these ideas to reality?

3. Tell us about your personal Christian experiences.

4. What has been your involvement in a Christian ministry? (For example: Do you preach, sing, etc.)

5. What is your view on the Trinity, virgin birth, and overall validity of the Bible?

6. Tell us about your church affiliation.

7. Are you presently holding any leadership positions within your local church? If yes, what are these positions?

8. Are you presently holding any leadership positions within the community? If yes, what are these positions?

9. Share your goals, short and long term, in your Christian life. Also, please include how do you plan to achieve them?

10. Are you willing to abide by our program guidelines as given you and maintain appropriate dress code and good personal hygiene? YES NO

References:

#1

Name:

Address:

Phone Number:

Relationship to you:

#2

Name:

Address:

Phone Number:

Relationship to you:

#3

Name:

Address:

Phone Number:

Relationship to you:
