



## Student/Volunteer / Intern Application

### PERSONAL

Name \_\_\_\_\_ Month and Day of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

*If different from current:*

Permanent Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Referred  Yes  No If yes, by whom? \_\_\_\_\_

Preferred Email to be contacted at \_\_\_\_\_

Primary Telephone # \_\_\_\_\_ Ok to leave a message?  Yes  No

Alternate Telephone # \_\_\_\_\_ Ok to leave a message?  Yes  No

Best way to reach you  Email  Phone Best time of day to reach you: \_\_\_\_\_

EMERGENCY Name \_\_\_\_\_ Relationship \_\_\_\_\_

CONTACT: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### VOLUNTEER DATA

Estimated length of time you are interested in volunteering? Available start date \_\_\_\_\_

Approximate end date \_\_\_\_\_

How many hours a week are you available?

Fill in the times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I might be interested in volunteering in this area(s): (*double-click boxes; mark “checked”*)

- Clerical/Office Assistant       Community Outreach       Fundraising Events  
 Health Professionals       Marketing/Development

Do you speak a language other than English?  Yes  No

If yes, please list: \_\_\_\_\_

Please check all software programs you are familiar with:

- Word       Outlook       PowerPoint       Excel

If you are a student, please answer the following:

School currently attending \_\_\_\_\_

Major(s)/Minor(s) \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

If intern, how many hours required \_\_\_\_\_