

please return to the volunteer center by: September 10, 2010

Personal Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Campus Address: _____
Box Number *Dorm* *Room*

Concentration: _____

**If anything changes please notify the volunteer center*

Campus Involvement

please list any additional activities you are involved in:

Volunteer Interests

please select the 3 categories of volunteer activities you would be most interested in participating in:

Choice 1: Choose an item. **Choice 2:** Choose an item. **Choice 3:** Choose an item.

Volunteer Availability

please select the time you would be most available to do volunteer activities:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

FOR VOLUNTEER CENTER USE ONLY

Date Received in Volunteer Center: _____ Received By: _____