



STUDENT VOLUNTEER APPLICATION

Date: ___/___/___

VOLUNTEER CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___/___/___

Address: _____

Phone Number: (____)-____-____ Best Time to Contact: Morning ___ Noon ___ Evening ___

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (____)-____-____

EDUCATION INFORMATION

High School Student _____ College Student _____ (Please Check One)

Name of School: _____ Class of: _____

Major Course of Study: _____

Is this a community based learning course? Yes No

GENERAL INFORMATION

Previous Volunteer Service(s): _____

Have you had experience working with persons with disabilities? Yes No

If yes, please explain: _____

How did you hear about LOGAN? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you have reliable transportation? Yes No

Shirt Size: _____

BEST TIME FOR VOLUNTEER SERVICE, PLEASE CHECK ALL THAT APPLY:

- Monday Morning ___ Noon ___ Evening ___
- Tuesday Morning ___ Noon ___ Evening ___
- Wednesday Morning ___ Noon ___ Evening ___
- Thursday Morning ___ Noon ___ Evening ___
- Friday Morning ___ Noon ___ Evening ___
- Saturday Morning ___ Noon ___ Evening ___
- Sunday Morning ___ Noon ___ Evening ___

PLEASE LIST TWO REFERENCES (CAN BE A TEACHER OR A MENTOR)

First Name: _____ Last Name: _____

Address: _____

Phone Number: (____)-____-_____

Relationship to Volunteer: _____

First Name: _____ Last Name: _____

Address: _____

Phone Number: (____)-____-_____

Relationship to Volunteer: _____

I hereby declare that the above information is true to the best of my knowledge. I give my consent to have a background check performed if required for any position for which I have applied. I understand that falsifying or omitting information may result in disapproval of my volunteer application.

Signature

Date

OFFICE USE ONLY

Assignment/Schedule: _____

Starting Date: ___/___/___

Supervisor: _____ Background Check: _____