

Semester in which you wish to volunteer: _____

DATE TURNED IN: _____

Applications will be kept on file for two semesters

STUDENT VOLUNTEER APPLICATION

Student Name: _____ UF ID: _____

UF Classification: _____ Major: _____ Minor: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Hours Currently Enrolled: _____ Anticipated Graduation Date: _____

Birth Date: _____ Favorite Candy Bar: _____



1. How did you hear of the position? _____

2. Why are you interested in the position? _____

3. What previous experience or training have you had which relates to this position?

4. What is your academic schedule? _____

5. What other commitments do you have? _____

6. What days and times are you available to volunteer in the office? _____

