

# WESTCHESTER COMMUNITY COLLEGE

## APPLICATION FOR VOLUNTEER SERVICE

Date: \_\_\_\_\_

NAME \_\_\_\_\_ (Title: Mr./Mrs./Ms./Dr.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TIME AVAILABLE? (Days of Week and Hours) \_\_\_\_\_

EDUCATION: High School \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Graduate School \_\_\_\_\_ Major \_\_\_\_\_

WORK AND VOLUNTEER HISTORY: (Attach resume if you wish)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPUTER LITERACY: (Word Processing and Other Applications)

\_\_\_\_\_

HOBBIES/SPECIAL INTERESTS/SKILLS: \_\_\_\_\_

\_\_\_\_\_

REFERRED BY \_\_\_\_\_

DO YOU KNOW ANYONE AFFILIATED WITH WCC? \_\_\_\_\_

\_\_\_\_\_

REFERENCES: (Please list the names and phone numbers of 2 references other than family members) \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

*Please return to Volunteer Office, Westchester Community College Library, Room 243, 2<sup>nd</sup> Floor*