

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: _____

EMERGENCY CONTACT # AND NAME _____

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 phones 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, WCC GATEWAY BLDG, ROOM S231