

WESTCHESTER COMMUNITY COLLEGE



APPLICATION FOR VOLUNTEER SERVICE

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: (Please attach resume)

AREA OF INTEREST: _____

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 _____

Signature: _____

Date: _____