

## **Volunteer Application**

Please print					
First Name		Last Name			
Major			Date of Birth		
Telephone					
Gender:					
Year in Scho	ool:				
First Year	Sophomore	Junior	Senior	Other	
List previou	s volunteer exper	ience:			
1					
2					
3					
Are you ava	ilable to voluntee	on Tuesday	s from 4-6:0	)?	
Yes	No				
Do you have	transportation?				
Yes	No				
Have you ob	otained your PA C	hild Abuse o	learance wit	nin the past year?	
Yes	No				
Have you ob	otained your PA C	riminal Histo	ory clearance	within the past year?	
Yes	No				
Why are you	ı interested in vol	unteering as	a "Commun	ty Connector"?	
In the case of	of an emergency,	notify:			
First Name			Last Nam	e	
Address					
City/State/Zip	)		Telephon	Э	

Is there anything else you would like us to know?