

Volunteer Interest Form

Please fill out this form completely. We ask that you return to the office within the next week to receive your referral packet.

For Office Use Only	
Date submitted:	
Intake Staff:	
Processed Date:	
Processed By:	

Date: _____

Student ID#: _____

SU Email: _____

Last Name: _____

First Name: _____

Local Address: _____ Gender Identity: _____

Phone: _____ Languages: _____

Affiliation to University: FY SO JR SR GRAD FACULTY/STAFF Other: _____

College(s): _____ Major(s): _____ Do you have your own transportation?
 Yes No

Reason for volunteering: _____

If group of volunteers, name of group and how many people: _____

I am interested in the following general projects/opportunities (check all that apply):

- | | | |
|--|--|---|
| Advocacy ____
Identify areas of interest below | Elderly ____
Nursing Homes ____
Socializing/Activities ____ | Literacy ____
English Language Learners ____
Tutoring ____
Youth ____
Adult ____ |
| Arts/Science ____
Museums ____
Theatres ____ | Health Services ____
COVID Testing ____
Women's Issues ____
Hospitals ____
(most hospitals require 50 hours/semester) | People with Disabilities ____
Youth ____
Peers ____
Adults ____
Students ____
Special Olympics ____ |
| Children ____
Tutor ____
Day Care ____
Mentoring ____
After School ____ | Hunger ____
Food Pantry ____
Meal Prep ____
Hot meals ____ | Office/Miscellaneous ____
Journalism/PR ____
Photography ____
Graphic Design ____
Computers/IT ____
Financial Services ____ |
| Environment ____
Gardens ____
Outdoor clean-ups ____ | | |

Additional information/Other Interests: _____

Previous volunteer experience—what did you like most/least? _____