

# Fifth Grade Day 2009 Volunteer Application

Name: \_\_\_\_\_

Please circle one:      Student      Staff      Faculty

Did you volunteer for this program in 2008?      Y      N

## Contact Information

Phone:

Mailbox Number:

E-mail:

## Students

Major: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

Anticipated year of graduation:

Campus Leadership affiliations (employment, clubs, organizations):

Sports Team (s):

## Faculty/Staff

Title:

Department:

## Shade in Your Availability

(Set up) 8 AM	<input type="checkbox"/>
8:30	<input type="checkbox"/>
9 AM	<input type="checkbox"/>
9:30	<input type="checkbox"/>
10 AM	<input type="checkbox"/>
10:30	<input type="checkbox"/>
11 AM	<input type="checkbox"/>
11:30	<input type="checkbox"/>
12 PM	<input type="checkbox"/>
12:30	<input type="checkbox"/>
(Clean Up ) 1 PM – 1:30 PM	<input type="checkbox"/>

Please return the completed application to the Feinsein Center for Service Learning in the Center for Student Development, Suite 100.