

U of A Hope-Texarkana Kids' College Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

T-shirt size: _____

Availability

During which hours are you available for volunteer assignments? (check all that apply)

Mornings are 7:45 to 12:15 Afternoons are 12:45 to 5:15

Week 1 is June 12-15 Week 2 is June 19-22 Week 3 is June 26-29

___ Mon-Thurs mornings week 1

___ Mon-Thurs afternoons week 1

___ Mon-Thurs mornings week 2

___ Mon-Thurs afternoons week 2

___ Mon-Thurs mornings week 3

___ Mon-Thurs afternoons week 3

Other (please specify) _____

Previous Volunteer Experience

Please list any past volunteer experience.

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Letter of recommendation

Please check below if you would like to receive a letter of recommendation from the program director. Please note that letters will be sent out in August.

Yes, I would like to receive a recommendation

No, thank you

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Anna Lee Powell

Kids' College Director

U of A Hope-Texarkana

Phone: 870-722-8102

Email: anna.powell@uacch.edu

