



**LOCAL/STATE/NATIONAL/INTERNATIONAL VOLUNTEER OPPORTUNITY
STUDENT APPLICATION**

STUDENT APPLICANT INFORMATION

SECTION I

1. Name: _____
2. Student ID #: _____
3. Date of Birth: _____
4. Home Address
Street Address: _____
City: _____ State: _____
Zip Code: _____ Country: _____
5. Student Mailing Address (If different from Student Home Address)
Street Address: _____
City: _____ State: _____
Zip Code: _____
6. Home Phone: (____) _____ Work Phone: (____) _____
7. Other Phone: (____) _____
8. Academic Year: _____
9. Academic Major: _____
10. Have you ever been on academic probation? Yes ____ No ____
If yes, which semester(s)? _____

11. Have you ever been on disciplinary probation? Yes ____ No ____
If yes, briefly describe semester and circumstance(s). _____

SECTION II (To be completed by student and reviewed by Program Coordinator.)

12. This is a _____ opportunity. (check only one)
 - Local
 - State
 - National
 - International
13. Volunteer Opportunity Program Name: _____
14. Volunteer Opportunity Site: (City / State / Country): _____
15. Program Coordinator's Name: _____

16. Volunteer Opportunity Activities will include but are not limited to: _____

17. If volunteer opportunity is from the www.volunteermatch.org please print the description and attach to package prior to submission.

I certify that the answers I have given are accurate and that I will comply with all terms of the Quinsigamond Community College Local/State/National/International Volunteer Opportunity Student Contract while I am participating.

STUDENT

SIGNATURE: _____
PRINT NAME: _____
STREET ADDRESS: _____
CITY/TOWN, ZIP CODE/ COUNTRY: _____
DATE: _____

SIGNATURE OF PARENT(S)/LEGAL GUARDIANS(S) REQUIRED IF STUDENT IS UNDER EIGHTEEN (18).

SIGNATURE OF PARENT/GUARDIAN # 1: _____
PRINT NAME: _____
STREET ADDRESS: _____
CITY/TOWN/ZIP CODE/COUNTRY: _____
DATE: _____

SIGNATURE OF PARENT/GUARDIAN # 2: _____
PRINT NAME: _____
STREET ADDRESS: _____
CITY/TOWN/ZIP CODE/COUNTRY: _____
DATE: _____