

**VOLUNTEER
PROFILE**

Directions:

- Please complete this page, even if résumé attached
- Type or print, using black ink or marker
- If you need additional space, attach a separate sheet
- Sign the completed application

GENERAL

NAME (LAST)	(FIRST)	(MIDDLE)	TODAY'S DATE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			DAY PHONE WITH AREA CODE	EVENING PHONE WITH AREA CODE
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE NO.	BIRTHDATE, IF UNDER 18
ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES:	1) ARE YOUR VOLUNTEER ACTIVITIES PART OF A SCHOOL OR ANY OTHER FORMAL PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2) IF YOU ANSWERED "YES" TO QUESTION ONE, PROGRAM OR SCHOOL NAME:				
HAVE YOU EVER VOLUNTEERED FOR CORNELL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE DATES OF VOLUNTEER SERVICE	DEPARTMENT	POSITION	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE VOLUNTEER SERVICE FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.				
DATE AVAILABLE FROM	TO	APPROXIMATELY WHEN AND HOW MANY HOURS PER WEEK WOULD YOU LIKE TO VOLUNTEER?		

EDUCATION AND TRAINING

RELEVANT EDUCATION

RELEVANT TRAINING, SKILLS, EXPERIENCE

REFERENCES

LIST THREE PEOPLE, OTHER THAN RELATIVES OR FRIENDS, WHO HAVE KNOWLEDGE OF YOUR EXPERIENCE AND/OR EDUCATION

NAME	MAILING ADDRESS	TELEPHONE NUMBER
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I certify that all statements contained in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the university.

Date _____ Signature _____