

Volunteer Form

Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Program: _____ Campus: _____

Have you volunteered with us before?:

Yes

No

Do you consent to having your information listed on our volunteer database? We will inform you of future volunteer opportunities with the SA and in the community:

Yes

No

Event: _____

Date: _____

Location: _____

Time Worked: _____

Brief Summary of Applicable Skills or Experience: _____

ACCSA OFFICE USE ONLY

Students' Association Staff:

Name (*print*)

Signature