



Master Family & Consumer Sciences Volunteer Program

Master Family & Consumer Sciences Volunteer Program *SAMPLE Volunteer Application/Information Form*

Name _____
Address _____ city _____ zip _____
Daytime phone (_____) _____ Email _____

Emergency contact person & phone _____
Name and contact phone number of primary health care
provider _____

Day(s) of week available (please circle all that apply). M T W Th F Sat Sun
Times of day available _____AM _____PM

Please state why you are interested in this volunteer position and what most appeals to you about the Master Program.

Please provide a brief description of your experience related to the volunteer position.

The following tasks are not required to volunteer; however, please indicate your experience and interest related to the following tasks (insert tasks related to your Master Program):

Task	Well Skilled	Some experience	No experience	Interest Level high 1 2 3 low
i.e web maintenance				