## Date of Application:

## Volunteer Information

|  |  |
| --- | --- |
| Legal Name |  |
| Date of Birth |  |
| Major |  |
| Year | Freshman Sophomore Junior Senior Graduate |
| Street Address |  |
| City, State, Zip Code |  |
| Cell Phone # |  |
| E-mail address |  |

## Availability

|  |  |
| --- | --- |
| Weekday | Availability for Volunteer Hours |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

### \*Please indicate hours you are available to volunteer; a minimum of 2 hours per week in a 2-hour time block (a minimum of 3 hours per week in a 3-hour time block during the winter and summer sessions).

## Special Skills or Qualifications

### Summarize special skills and qualifications (such as dietary record analysis, data entry in excel, computer program expertise) you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Work, including volunteer Experience

### Summarize your previous work and volunteer experience.

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## Faculty Reference(s)

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| --- |
| Please list at least 1 faculty members we can contact as a reference:1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Agreement and SignatureBy 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 |  |

Person to Notify in Case of Emergency

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

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| Our PolicyIt 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. |

## Please email completed application and a resume to nutrition-clinic@udel.edu.