# Student Volunteer Application

**UA SPEECH & HEARING CENTER**

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| --- | --- |
| Today’s date:  |  |
| Indicate the semester(s) you wish to volunteer:  |  |

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| --- |
| Contact Information |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| E-Mail Address |  |

|  |
| --- |
| Availability |
| Indicate the hours you are available each day for volunteer assignments?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

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| Interests |
| Tell us what areas you are interested in volunteering |
|  |
| [ ]  Speech-Language Group Programs [ ]  Front Office [ ]  General Clinic Work [ ]  Research |
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| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities. |
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