# Student Volunteer Application

**UA SPEECH & HEARING CENTER**

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

|  |  |
| --- | --- |
| 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 |
|  |
| |  | | --- | | Special Skills or Qualifications | | Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities. | |  | |  | |