



# Student Volunteer Application

Office of Service Learning

*PLEASE RETURN TO*

*SERVICE LEARNING OFFICE AT ST. JOSEPH ANNEX FIRST FLOOR*

*ONCE COMPLETED*

*897-8658*

VOLUNTEER INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone Cell	E-mail Address		
Intended Date of Graduation	Academic Major	Academic Advisor	

ARE YOU COMPLETING THIS FOR SERVICE LEARNING CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(If YES, complete this section below. If NO, skip to the next section)			
Service Learning Class	Instructor		
Did you receive a copy of the Service Learning Class Syllabus? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you understand the academic components of the course?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive the following documents?			
Community Service Partnerships <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Learning Agreement <input type="checkbox"/> YES <input type="checkbox"/> NO		
Service Learning Hour Summary Log <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Learning Assessment <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Nursing Students Only:</b>			
I plan to:			
<input type="checkbox"/> Complete my 20 hours of service at one site			
Agency: _____			
<input type="checkbox"/> Complete my 20 hours of service in a variety of ways			
Explain: _____			
<input type="checkbox"/> Complete my 20 hours of service working on a special project or initiative			
Project Description: _____			
_____			
_____			
My instructor has approved this plan: <input type="checkbox"/> YES <input type="checkbox"/> NO			

Flip Over

AVAILABILITY- PLEASE PROVIDE TIME RANGES IN THE BOXES							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Ranges							

**VOLUNTEER ASSIGNMENT INTERESTS**

*Below are a list of our current official Community Service Partnerships. Please consult our Community Service Partnership flyer for more information about each. If completing service for Service Learning, your instructor may have indicated which sites would be more appropriate for their class. Please indicate the ones that you are interested in and your priority (1,2,3 etc.) Nursing students who are engaging in special projects can skip this section.*

21st Century Community Learning Centers \_\_\_\_\_  
 Ann Marie House \_\_\_\_\_  
 Big Brothers Big Sisters of Greater Nashua \_\_\_\_\_ (requires yearlong commitment)  
 Boys and Girls Club of Nashua \_\_\_\_\_  
 The CareGivers, Inc. \_\_\_\_\_  
 Girls Inc. of Greater Nashua \_\_\_\_\_  
 Harbor Homes \_\_\_\_\_  
 Hunt Community \_\_\_\_\_  
 Marguerite's Place \_\_\_\_\_  
 Nashua Police Athletic League \_\_\_\_\_  
 Nashua Soup Kitchen \_\_\_\_\_  
 PLUS Company \_\_\_\_\_  
 Salvation Army \_\_\_\_\_  
 \*\*\*\* Special Opportunity PLUS Company Campus Based Learning Program  
 Please contact me I am not sure or I have questions on a site.  
 Details \_\_\_\_\_

**SIGNATURE**

*I agree to act in a professional manor while representing Rivier University as a volunteer within the community. I will maintain confidentiality, dress appropriately and act with a professional demeanor. I will report any areas of concern with my service site to the Service Learning Office immediately.*

Signature	Date
-----------	------

**PLEASE NOTE:**  
 Return this application to the Service Learning Office in St. Joseph Annex First Floor. Once completed, the office will contact you with the referral information for your service site. Please do not contact the agency directly without first receiving the referral from the Service Learning Office. If you have any questions at anytime or do not hear back from the Service Learning Office within 1 week, please contact them at 897-8658

<i>Internal Use Only :</i>	
Agency Referral: _____	Date: _____
<input type="checkbox"/> Email Sent	Date: _____
<input type="checkbox"/> Enter in Service Learning Database	Date: _____