# Student Volunteer Application

**Office of Service Learning**

**PLEASE RETURN TO**

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

**ONCE COMPLETED**

897-8658

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## Volunteer Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Date</th>
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<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit #</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Cell</th>
<th>E-mail Address</th>
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<tr>
<th>Intended Date of Graduation</th>
<th>Academic Major</th>
<th>Academic Advisor</th>
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## Are You Completing This for Service Learning Credit?  ☐ YES  ☐ NO

*(If YES, complete this section below. If NO, skip to the next section)*

<table>
<thead>
<tr>
<th>Service Learning Class</th>
<th>Instructor</th>
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Did you receive a copy of the Service Learning Class Syllabus?  ☐ YES  ☐ NO  Do you understand the academic components of the course?  ☐ YES  ☐ NO

Did you receive the following documents?  
- Community Service Partnerships  ☐ YES  ☐ NO  Service Learning Agreement  ☐ YES  ☐ NO
- Service Learning Hour Summary Log  ☐ YES  ☐ NO  Service Learning Assessment  ☐ YES  ☐ NO

**Nursing Students Only:**

I plan to:

- ☐ Complete my 20 hours of service at one site
  Agency: ___________________________

- ☐ Complete my 20 hours of service in a variety of ways
  Explain: __________________________

- ☐ Complete my 20 hours of service working on a special project or initiative
  Project Description: __________________________

My instructor has approved this plan:  ☐ YES  ☐ NO

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**Flip Over**
**AVAILABILITY**

- Please provide time ranges in the boxes.

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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Time Ranges</td>
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**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 if I am not sure or I have questions on a site.
  Details____________________________________________________________

**SIGNATURE**

I agree to act in a professional manner 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 875-8658.

**Internal Use Only:**

- ☐ Email Sent Date:_________
- ☐ Enter in Service Learning Database Date:_________