



Volunteer Vikings

POLK STATE
COLLEGE

VOLUNTEER INFORMATION

Name:		E-mail:	
Street Address:			
City:	State:	Zip Code:	
Date of birth:	Home Phone:	Cell Phone	
School:	School Level:	(ex: freshmen, sophomore, junior ...)	

AVAILABLE TIME SCHEDULE

Mo:	Tue:	Wed:	Thu:	Fri:	Sat:	Sun:
-----	------	------	------	------	------	------

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

VOLUNTEER WORK

Preferred Volunteer Work:

Types of work you prefer not to do:

APPLICABLE TALENTS/ EXPERIENCE

Please Describe any related experience, talents, or other applicable history.

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
-------------------------	-------