**Program Volunteer Application – Non-WMU Employee**

|  |
| --- |
| **Section I: Personal Contact Information** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | | |  |
| First Name | | Last Name | | | Gender |
|  |  | | |  |  |
| Home Street Address | City | | | State | Zip Code |
| (     ) | (     ) | | | (     ) | |
| Home Phone | Work Phone | | | Cell Phone | |
|  | | |  | | |
| Email Address | | | Current Employer | | |

What is the best way to reach you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mail | Home Phone | Work Phone | Cell Phone | Email |

|  |
| --- |
| **Section II: Volunteer Information** |

Please describe briefly your volunteer experience, work you have done with young adults, and training you have received:

Why do you want to become a Volunteer for the Seita Scholars Program?

What areas of assistance are you interested in providing? (you may select more than one)

|  |  |  |  |
| --- | --- | --- | --- |
| Welcome Pack Initiative or other donations | | | Move-in/Move-out assistance |
| Transportation to appointments/errands/grocery store | | | Event Planning Committees (Finals Week, Winter Closure, etc.) |
| Holiday celebration assistance | | | Professional service donation |
| Tutoring (please list subjects): | |  | |
| Other (please specify): |  | | |

What is your typical availability to assist students?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time of Day** | | **Day** | | |
| Mornings  Afternoons  Evenings | | Monday  Tuesday  Wednesday | Thursday  Friday | Saturday  Sunday |
| Other (please specify): |  | | | |

|  |
| --- |
| **Section III: Miscellaneous** |

Are you interested in receiving monthly updates from the Seita Scholars Program? Yes/No

|  |
| --- |
| **Section IV: References** |

Please identify three references who are not related to you and may be contacted by mail, phone or email.

|  |  |
| --- | --- |
|  |  |
| Applicant’s First Name | Applicant’s Last Name |

**Reference #1**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | (     ) | |
| Full Name | Years Known | Phone Number | |
|  |  |  |  |
| Home Street Address | City | State | Zip Code |
|  | | | |
| Email Address | | | |

**Reference #2**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | (     ) | |
| Full Name | Years Known | Phone Number | |
|  |  |  |  |
| Home Street Address | City | State | Zip Code |
|  | | | |
| Email Address | | | |

**Reference #3**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | (     ) | |
| Full Name | Years Known | Phone Number | |
|  |  |  |  |
| Home Street Address | City | State | Zip Code |
|  | | | |
| Email Address | | | |

Please return completed form to:

**Volunteer Service**

**Seita Scholars Program**

**Western Michigan University**

**1903 W. Michigan Avenue Kalamazoo, MI 49008-5302**

**Fax: (269) 387-8360**

**Email:** [**seita-schoalrs@wmich.edu**](mailto:seita-schoalrs@wmich.edu)

|  |  |
| --- | --- |
| **For Office Use Only:** | |
| ***Volunteer Accepted***   |  |  | | --- | --- | | Date of approval: |  | | ***Volunteer Not Accepted***  Reason:  Did not complete application process  Response from a reference  Background check |

**Authorization to Conduct Criminal Background Check**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Last Name | First Name | | Middle Name | |
|  | | |  | |
| Previous Name (if applicable) | | | Date of Birth | |
|  |  | |  |  |
| Current Home Street Address | City | | State | Zip Code |
|  | |  | | |
| Driver’s License /State ID # | | Issuing State | | |

In order to insure accurate criminal history reports, Michigan State Police requires the following Sex and Race/Ethnicity information to be used solely in conjunction with the criminal history report and for no other use.

Gender:  Female /  Male

Race/Ethnicity: (Please check all of the groups that apply)

American Indian/Alaskan  Native Asian  Black/African American  Hispanic/Latino/Latina  Native Hawaiian/Pacific Islander  White

In the past seven (7) years, have you lived or worked outside of the state of Michigan?

Yes /  No

|  |  |
| --- | --- |
|  |  |
| Signature | Date |

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**Seita Scholars Program**

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**Fax: (269) 387-8360**

**Email:** [**seita-schoalrs@wmich.edu**](mailto:seita-schoalrs@wmich.edu)