**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**

|  |
| --- |
| **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 |

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**