

# Owls Care Health Promotion VOLUNTEER PROGRAM

## APPLICATION

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Z-number: \_\_\_\_\_

College/ Major: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Semester of volunteer service: \_\_\_\_\_

Do you have a social security #? Yes / No

If selected, are you willing to consent to a university background check? Yes / No

Please answer the following questions,

1. Why are you interested in volunteering at Owls Care Health Promotion? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. How many hours per week are you hoping to volunteer? \_\_\_\_\_

3. Describe what health and wellness means to you. How do you apply this to your life and to the well-being of those around you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list a references who is familiar with your work whom we may contact.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please return this application to Owls Care Health Promotion, SS-222