



# Student Disability Resource Center

## Volunteer Information Form

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

SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Major/Minor: \_\_\_\_\_

Are you volunteering for class credit?    Y    N

If yes:        Instructor's name: \_\_\_\_\_

                  Instructor's Phone#: \_\_\_\_\_

                  Class: \_\_\_\_\_

                  How many hours can you volunteer this semester? \_\_\_\_\_

When are you able to volunteer?

Monday	_____	AM/PM to	AM/PM
Tuesday	_____	AM/PM to	AM/PM
Wednesday	_____	AM/PM to	AM/PM
Thursday	_____	AM/PM to	AM/PM
Friday	_____	AM/PM to	AM/PM

What classes are you enrolled in this semester?

Which services would you be interested in providing?

Assist in the computer lab	Y	N
Assist with library research	Y	N
Make phone calls	Y	N
Pick-up/deliver exams	Y	N
Proofread papers	Y	N
Read exams/textbooks	Y	N
Sighted guide	Y	N
Type papers	Y	N
Write exams	Y	N
Tutoring a Student	Y	N

Which course(s)? \_\_\_\_\_

Other: \_\_\_\_\_

I, \_\_\_\_\_ agree to adhere to the University's academic honor code while volunteering at the Student Disability Resource Center. I also agree to respect student's rights to confidentiality. I understand that I am responsible for contacting the Center for Civic Education and Services to find out when all volunteer Servscript forms are due.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_