

**DEPARTMENT OF KINESIOLOGY  
2018 NATIONAL DISABLED  
VETERANS WINTER SPORTS CLINIC**

Volunteer Application



**Deadline to submit: October 16, 2017**

**\*\*LIMITED TO JUNIORS & SENIORS\*\***

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
EMERGENCY CONTACT INFORMATION					
Contact Name			Relationship		
Phone					
Can you commit to <b>March 31 – April 7, 2018</b>				<input type="checkbox"/> YES	<input type="checkbox"/> NO
EDUCATION					
Major:		Cumulative GPA		Current GPA	
			Credit Hours Completed:		
REFERENCES					
<i>Please list two professional references.</i>					
Full Name			Relationship		
Company			Phone		
Address					
City		State		ZIP	
Full Name			Relationship		
Company			Phone		
Address					
City		State		ZIP	

**PLEASE RETURN THIS APPLICATION WITH THE FOLLOWING MATERIALS TO DR. JILL CORDOVA**

- **Cover Letter (Include future goals and why you are interested in volunteering at the clinic)**
- **Resume**

**SIGNATURE**

Signature

Date