

**DEPARTMENT OF KINESIOLOGY
2017 NATIONAL DISABLED
VETERANS WINTER SPORTS CLINIC**
Volunteer Application



Deadline to submit: October 14, 2016
****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 March 25 – April 1, 2017				<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