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| **DEPARTMENT OF KINESIOLOGY 2020 NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC**Volunteer Application |  |

Deadline to submit: October 16, 2019

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

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| **APPLICANT INFORMATION** |
| Last Name |  | First |  | 700 # |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| **EMERGENCY CONTACT INFORMATION** |
| Contact Name |  | Relationship |  |
| Phone |  |
| Can you commit to ***March 28 – April 4, 2020*** | YES NO |
| **EDUCATION** |
| Major: | Cumulative GPA |  | Current GPA |  |
| Credit Hours Completed: |  |
| **REFERENCES** |
| *Please list two professional references.* |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| City |  | State |  | ZIP |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| City |  | State |  | ZIP |  |

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| **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