

VOLUNTEER PROGRAM

ARKANSAS STATE UNIVERSITY
MOUNTAIN HOME



ASUMH Volunteer Application

Date _____

Name _____

Address _____

City/State/Zip _____

Home telephone _____ Cell _____

Email address _____

Date of birth _____

Emergency contact name _____ Telephone _____

I understand that I will not be allowed to begin volunteer work at ASUMH until a criminal background check has been completed. Checking the consent box below and signing my name below constitutes my consent to a criminal background check.

I consent to a background check and have reviewed the policies and required videos for volunteers.

Signature _____

Preferred day(s):

Times you are available:

Availability:

____ Monday

____ Morning from ____ to ____

____ Long term (weekly)

____ Tuesday

____ Occasional (monthly)

____ Wednesday

____ Afternoon from ____ to ____

____ On call as needed

____ Thursday

____ One time special

____ Friday

project(s)

List skills/special interests:

Volunteer services will strive to place you in the area in which you would most like to serve, but may place you in an area of greatest need. Thank you for your willingness to serve where needed most!