



Date: _____

Equity Office Volunteer Application

About you

First Name _____ Last Name _____

Telephone: Cell Phone (_____) _____ Home (_____) _____

E-mail _____

What is the best way for us to communicate with you? ___ E-mail ___ Home Phone ___ Cell Phone

How long have you attended DeAnza College for _____ Units this quarter _____

Previous volunteer experience

Name of organization _____ volunteered from ____/____/____ to
____/____/____

Responsibilities _____

Questions

How did you hear about the Equity Office? _____

Why are you interested in becoming an Equity Office volunteer? _____

Please list any interests, skills, hobbies: _____

As an Equity Office volunteer what do you have an interest in working on and what would you like to achieve? _____

| AVAILABILITY | Mon | Tue | Wed | Th | Fri |
|--------------|-------|-------|-------|-------|-------|
| Mornings | _____ | _____ | _____ | _____ | _____ |
| Afternoons | _____ | _____ | _____ | _____ | _____ |
| Evenings | _____ | _____ | _____ | _____ | _____ |

