



# Volunteer Application

ASSOCIATED STUDENTS, INCORPORATED  
California State University, Long Beach  
1212 Bellflower Boulevard, USU-311  
Long Beach, CA 90815-4199  
(562) 985-5241

PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First M.I.

E-mail Address \_\_\_\_\_ Major \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Please check the department and/or program to which you are applying as a volunteer:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> AS Commissions           | <input type="checkbox"/> College Beat TV     | <input type="checkbox"/> Recycling Center   |
| <input type="checkbox"/> Beach Pride Center       | <input type="checkbox"/> K-Beach Radio       | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Beach Team               | <input type="checkbox"/> Program Council     | <input type="checkbox"/> Union Newspaper    |
| <input type="checkbox"/> Child Development Center | <input type="checkbox"/> Recreational Sports | <input type="checkbox"/> Other _____        |

How many hours can you contribute each week? \_\_\_\_\_

Please indicate days and times that you are available for volunteer work:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

How did you learn about this volunteer opportunity?

- |   |   |
|---|---|
| <input type="checkbox"/> Publicity – posters, e-mail etc.       | <input type="checkbox"/> Referred by staff member                       |
| <input type="checkbox"/> Office of Student Life and Development | <input type="checkbox"/> Referred by another student volunteer          |
| <input type="checkbox"/> Referred by faculty member             | <input type="checkbox"/> Read ad or calendar event in school newspapers |
| <input type="checkbox"/> ASI or Beach Pride website             | <input type="checkbox"/> Other _____                                    |

Why do you want to volunteer with ASI? \_\_\_\_\_

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Continued on other side

Please indicate any special skills you have by selecting from the following list.

**Art/Design**

- Drawing or Sketching
- Film/Video Production
- Graphic Design
- Photography

**Administrative**

- Data Collection/Analysis
- Desktop Publishing
- Microsoft Office
- Office Work (filing, phones, etc.)

**Technical and Professional**

- First Aid/CPR Certification
- Fundraising
- Volunteer Management
- Web Page Design

**Communications**

- Broadcasting
- Public Relations
- Public Speaking
- Writing

**Education/Training**

- Peer Advising
- Facilitating Workshops
- Giving Tours
- Working with children

**Programming**

- Event Planning
- Event Supervision
- Needs Assessment
- Program Evaluation

**Other Skills and Abilities** (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with the names and phone numbers of up to three personal or professional references.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*The ASI accepts the service of all volunteers with the understanding that such service is at the sole discretion of the organization. Volunteers agree that the ASI may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization. Likewise, the volunteer may at any time, for whatever reason, decide to sever the volunteer's relationship with the ASI.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form to the ASI Assistant Director for Student Involvement and Leadership, USU-311**

<i>For Office Use Only</i>			
Date Application Received _____			By _____
Date Applicant Contacted _____			By _____
Applicant Interviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interviewed By: _____
If no, explain _____			
Applicant placed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide name of Program/Department to which assigned _____			