



For office use only:		
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UNIVERSITY OF MISSOURI - ST. LOUIS

High School Volunteer Application

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Name of High School: _____ Grade: _____

I. SKILLS AND INTERESTS

Hobbies, skills and interests: _____

II. PREFERENCES IN VOLUNTEERING

Is there a department or area of the campus with which you are particularly interested in working?

- No preference
- Department/Area _____

III. AVAILABILITY

Please place a ✓ by all days that you are typically available to work.

DAY	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

IV. REFERENCES

1. Please list the name of a teacher that would be willing to discuss your work style and your ability to volunteer with UM-St. Louis.

a. Name: _____ Phone: _____

Title/Subject Taught _____

b. Name: _____ Phone: _____

Title/Subject Taught _____

V. STATEMENT OF UNDERSTANDING

This is an application for a volunteer position with UM-St. Louis for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, gender, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status or any other basis prohibited by federal, state or local law.

I hereby authorize you to contact the teacher(s) listed; I further authorize this teacher to release to you information that they have about me regarding my possible work as a volunteer at UM-St. Louis.

I understand that any misrepresentation, omission or falsification of any fact from this application or during the interview will be cause for rejection of this application or dismissal from volunteer service.

I am willing to take training and abide by the policies, standards and procedures of UM-St. Louis.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of UMSL Volunteer Coordinator: _____ Date: _____

Please complete and return to:

**UM-St. Louis
Volunteer Services
2 Normandie Hall
One University Boulevard
St. Louis, MO 63121-4400
314-516-4106 phone
314-516-4119 fax**