

2009 KRPS Student Volunteer Application

Name: _____

Email: _____

Cell Phone Number: _____

College/University: _____

Classification: Freshman Sophomore Junior Senior Graduate School

Are you required to attend this conference for class credit? Yes No

If yes, what class: _____

Are you a current (2009-2010) member of KRPS? Yes No

Please indicate the days and times you are available to volunteer at the Conference

	Tuesday	Wednesday	Thursday	Friday
Morning you need to be available from (7am-12noon)				
Afternoon you need to be available from (12noon-5pm)				
Evening you need to be available from (5pm-10pm)				

I understand I am applying to be a volunteer. By signing below, I am making a commitment to KRPS to be available on the days and times I have indicated above. If I cancel my commitment once volunteers are selected and assigned, I may forfeit my opportunity to serve in this capacity in the future.

Student Signature: _____ Date: _____

As a faculty member, I support this student's application and endorse his/her participation. I also agree to follow up once the volunteer assignments are made to insure this student follows through with his/her commitment to volunteer.

Faculty Signature: _____ Date: _____

If you have any questions, please contact

Dr. Tricia M. Day at dayt@lindsey.edu or 270.384.8066

Please fax your completed forms to Dr. Tricia M. Day's attention at 270.384.8200