



# College & Community Volunteer Activities Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: \_\_\_\_\_ Program: \_\_\_\_\_

Please list volunteer activities you are currently or were previously involved in. This can include activities in your college, community, or high school. Please name the person(s) and contact information of the organization/ group, describe your role in each activity, start/end dates, approximate number of hours per week and if it is a one-time activity or ongoing activity.

Name of Organization/ Group (include Phone # and E-mail for contact person)	Activity (describe your role)	College / Community or High School	One- time Activity OR Ongoing Activity	Start Date (dd/mm/yy)	End Date (dd/mm/yy)	Hrs./ week (approx.)
		College <input type="checkbox"/> Community <input type="checkbox"/> High School <input type="checkbox"/>	One- time <input type="checkbox"/> Ongoing <input type="checkbox"/>			
		College <input type="checkbox"/> Community <input type="checkbox"/> High School <input type="checkbox"/>	One- time <input type="checkbox"/> Ongoing <input type="checkbox"/>			
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***Please make additional copies of this page, if necessary***