

COOK COUNSELING CENTER VOLUNTEER APPLICATION

PEER ASSISTANCE FOR LEARNING

NAME _____ **DATE OF APPLICATION:** _____
STUDENT I.D.# _____ **E-MAIL** _____
LOCAL ADDRESS _____ **ADDRESS:** _____
_____ **HOME ADDRESS** _____

LOCAL PHONE _____ **HOME PHONE** _____

MAJOR _____

GPA RANGE _____ 0 - 1.0
_____ 1.0 - 2.0
_____ 2.0 - 3.0
_____ 3.0 - 4.0

HAVE YOU EVER BEEN ON ACADEMIC PROBATION? _____ **YES**

_____ **NO**

WHEN WILL YOU GRADUATE? _____ **YEAR**

• **EXTRA CURRICULAR ACTIVITIES:**

• **HIGH SCHOOL OR COLLEGE RELATED ACTIVITES:**

- **WHY ARE YOU INTERESTED IN VOLUNTEERING WITH THE COOK COUNSELING CENTER?**

- **WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?**

- **HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY?**

REFERENCE: Please list the name and address of an individual who would write a letter on your behalf, or serve as a verbal reference, if requested.
[Reference letter is not needed at this time.]

Name: _____

Address: _____

Phone#: _____

*Please return this completed application to the Cook Counseling Center, 240 McComas Hall (0108).
For more information please call, 231-6557*

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00	Lunch				
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					