

SUNY Oswego Community Services Volunteer Application

Full Name: _____

Oswego Email: _____@oswego.edu

Phone Number (### - ### - ####): _____

Graduation Year: _____

Age: _____

Which program are you applying for? (Choose all that apply):

Adopt-A-Grandparent

ARC at SUNY Oswego

Mentor Oswego

Are you van-trained through the college? (Choose one): Yes No

Do you have a valid driver's license (Choose one): Yes No

Do you have your own vehicle that you would be willing to use to transport volunteers to your site?
(Choose one): Yes No

Why are you applying for the corresponding program(s)?

How will your skills, interests, or knowledge contribute to the program(s)?

Do you have any past community service experience? (Choose one): Yes No
If so, explain?

Are you doing this program for college credit, court hours, class hours, residence hall, etc.? If so, explain.

By applying, you are aware that these programs are a semester long commitment and are agreeing to consistently attend the program(s) for the entire semester.

Photography Release Form

I, _____, grant permission to the State University of New York at Oswego and its agents or employees, to use photographs taken of me while performing community service for use in university publications such as recruiting brochures, magazines, displays, and printed pieces, as well as use by electronic means for use on the internet and video.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or compensation arising from or related to the use of the photograph. This release is binding on me, my heirs assigns, and estate. I hereby release SUNY Oswego, its representative and employees from any claims that may arise from these uses, including claims or defamation, invasion of privacy; or rights of publicity or copyright.

Signature: _____ Date: ____/____/____

Community Services Contract

I _____, hereby promise to attend to all of my scheduled community service programs. If unable to make the program, I will contact the group leader at least 24 hours prior to the program. I will abide by all the rules given to me by the coordinator and/or group leader, such as; dress code, cell phone usage and photography, attendance, full engagement in service, and any other rules communicated written or orally throughout the semester. I promise to be the best representative of myself, Community Services, and SUNY Oswego. Failure to abide by these rules may result in service hours not being authorized or dismissal from the program.

Signature: _____ Date: ____/____/____

Please attach or write in your FULL (classes, work, other activities) schedule for the semester. This is used to place you in a program that fits into your schedule.

	Mon	Tue	Wed	Thurs	Fri	Sun
8am - 9am						
9am - 10am						
10am - 11am						
11am - 12pm						
12pm - 1pm						
1pm - 2pm						
2pm - 3pm						
3pm - 4pm						
4pm - 5pm						
5pm - 6pm						
6pm - 7pm						
7pm - 8pm						
8pm - 9pm						

Electronic applications should be emailed to the appropriate programs.

Adopt-A-Grandparent: adoptagp@oswego.edu
 ARC at SUNY Oswego: sunyoswegoarc@oswego.edu
 Mentor Oswego: mentor@oswego.edu

Paper applications should be submitted to the Community Services mailbox located in the Point, 131 Marano Campus Center.