



Nutrition Clinic Student Application

Date of Application:

Volunteer Information

Name					
Major					
Year	Freshman	Sophomore	Junior	Senior	Graduate
Street Address					
City, State, Zip Code					
Cell Phone #					
E-mail address					

Availability

Week Day	Availability for Volunteer Hours*
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

*Please indicate hours you are available to volunteer; a minimum of 2 hours per week in a 2-hour time block is preferred.

Special Skills or Qualifications

Summarize special skills and qualifications (such as dietary record analysis with Nutritionist Pro, data entry in excel, computer program expertise) you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Work, including volunteer Experience

Summarize your previous work and volunteer experience.

Faculty Reference(s)

Please list faculty members we can contact as references:

1 _____

2 _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please email completed form nutrition-clinic@udel.edu.