



Volunteer Application Form

Indicate Campus: LIU Center
 Brooklyn Brentwood Global Post
 Pharmacy Riverhead Rockland Westchester

Dept. _____ Building _____ Ext. _____

All volunteers must complete the following information for Personnel records

PLEASE PRINT CLEARLY

Name: _____

First Middle Last

Social Security #: _____ Date of Birth: _____ Sex: _____

Are you a U.S. Citizen? ___Yes ___No If no, please indicate VISA type & expiration: _____

Are you a student? ___Yes ___No If yes, please indicate where: _____

Home Address: (May not be PO Box)

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Emergency Contact: Name: _____ Relationship to you: _____

Emergency Phone: _____

Are you an LIU alum? ___Yes ___No Campus: _____ Yr. Grad: _____

Have you ever been convicted of a felony or misdemeanor? ___Yes ___No (exclude traffic violations with fines of \$300 or less)

If yes, please explain: _____

Employment History: Last Employer: _____

Position Held: _____

Address: _____

Dates of Employment: _____ to _____

Education & Skills: Highest degree obtained: _____ School: _____ Year: _____

Major: _____

Skills: _____

Availability: M – F, morning / afternoon / evening _____

Volunteer interests: _____

By submitting this application, I affirm that the facts set forth are true and complete. I authorize LIU to verify any information relevant to my suitability as a volunteer. I understand that if I am accepted as a volunteer, any false statement, omissions or other misrepresentation made by me may result in my immediate dismissal.

Name (printed): _____

Signature: _____ Date: _____

Parental Consent (required of volunteers under the age of 21) Name (printed): _____

Signature: _____ Date: _____