

Xavier Service
Student Volunteer Interest Card *ONLINE VERSION*

Complete document and return via e-mail service@xu.edu or fax to 513-745-3739 or bring into the Office of Student Involvement in Gallagher Student Center Suite 320.

Name: _____ Date: _____

Xavier Email: _____@xavier.edu Phone: _____

Year (Check): First-year Sophomore Junior Senior Grad Student

How often would you like to volunteer?

- Daily, or a few times each week A few times a semester
 Once a week As needed
 Once a month

Can you provide your own transportation? YES NO

In which areas are you interested in working (Check All that Apply)?

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Building | <input type="checkbox"/> Families | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Health & Illness | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Homelessness & Housing | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Education | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Hunger | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Literacy | |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Poverty | |

Which type(s) of involvement do you enjoy (Check All that Apply)?

- | | |
|---|--|
| <input type="checkbox"/> Physical improvements (landscaping, renovations) | <input type="checkbox"/> Long-term projects |
| <input type="checkbox"/> Working outdoors | <input type="checkbox"/> Organizational or administrative help |
| <input type="checkbox"/> Personal interaction with clients (elderly, youth, homeless) | <input type="checkbox"/> Leadership |

What type(s) of service have you been involved in previously (Check All that Apply)?

- | | |
|--|--|
| <input type="checkbox"/> Attending one-time community service events | <input type="checkbox"/> Extended community service (weekly or monthly basis) |
| <input type="checkbox"/> Planning one-time community service events | <input type="checkbox"/> Immersion service (weekend or week long service trip) |

What is most valuable to you in a service opportunity?

For Office Use Only:

_____ Date Data Entered _____ Date Added to Group Page _____ Date Group Mmbrshp E-mail Sent