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B-102 C 1086

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Volunteer *Interest* Form

By filling out this form you have taken your first step to create a better life for someone! Please completely fill out the form and either send it electronically to CSNServes@csn.edu or turn it in to the Department of Student Life and Leadership Development. We will contact you shortly with volunteer opportunities that fit you!

Semeste	er: FALL		SPRING	SUMMER	Year:		
Name:				Student ID#		Age: _	Age:
				Phone #			
Class As	signment:	YES	NO				
l want to	o volunteer be						
	Personal		Class Project	Scholarship	To Help	Others	
	Gain Experien	ce	Build Résumé	Presidentia	l Service Awards		
	Other (please	specify): _				·	
What ty	pe of Volunte	er work ar	e you interested ir	? (Check all that ap	oply)		
	Youth		Disabilities	Sex Edu	cation	Hunger	
	Homelessness	5	Animal Rights	Environ	ment	Education	
	Other (specify	v):					
How mu	uch time (appr	ox.) would	you like to comm	it to an agency/org	anization?		
	3 hours/week		6 hours/week	12 hours/we	ek		
	More (specify):		Less (specify)):	-	
How did	l you hear of C	SN Serves	?				
	Friend	Email	Poster/Flye	Orientation	Website	CSN Faculty	
	Other (specify	/):					
======	:========			FOR OFFICIAL USE ONL	Y	===========	:======
RECEIVED ON			NITIALS	INPL	INPUT DATE		