

*Dr. Gertrude A. Barber National Institute*  
**VOLUNTEER QUESTIONNAIRE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: Under 18yrs.  18 + yrs.

School/College/University: (please give name, city and state)

High School:  Freshman  Sophomore  Junior  Senior

College:  Freshman  Sophomore  Junior  Senior

Graduate Student:  1<sup>st</sup> year  2<sup>nd</sup> year

Course Title: \_\_\_\_\_

Course Instructor's Name: \_\_\_\_\_

Instructor's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Instructor's Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

Number of Hours Requested : \_\_\_\_\_ Time Preference:  Morning  Afternoon

Placement needs to be completed by: \_\_\_\_\_

Briefly describe type of experience requested: \_\_\_\_\_

Are there specific requirements for placement:  YES  NO

If yes, please briefly describe: \_\_\_\_\_

Request experience to be with: Children  Adults  No specific request

Contact Person: (other than Instructor for emergency purposes):

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Why have you chosen to volunteer at Dr. Gertrude A. Barber National Institute?

**CLEARANCES:** State Police  Child Line/DPW  FBI Clearance

A copy of each of these required clearances must be submitted to the Director of Program in which you will be volunteering prior to volunteer hours.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date