

Intern Contact Information

 Last Name First Name Student ID

 Email Address Major(s) Minor (s) Year

 Mailing Address Phone number

Please circle days and times you ARE available

Monday	morning	afternoon	evening
Tuesday	morning	afternoon	evening
Wednesday	morning	afternoon	evening
Thursday	morning	afternoon	evening
Friday	morning	afternoon	evening
Saturday	morning	afternoon	evening
Sunday	morning	afternoon	evening

Please list any prior relative experience:

Title:
 Start date: End Date:
 Duties:

Title:
 Start date: End Date:
 Duties:

Volunteer Questionnaire

Based on the information you now know about Students Helping Student please answer the following ☺

My strongest attribute that I could bring to the SHS team and that I would most enjoy would be _____
 because _____

I agree with Students Helping Students Campaign Mission ...
 Completely onboard ill need more information Not at all
 I am comfortable talking in front of peers and professors in a class room setting
 YES NO

Please number on a scale of 1-5 the BEST five words that describe YOU!
 ___ Passionate ___ Determined ___ Energetic ___ Quiet
 ___ Motivated ___ Open minded ___ Disagreeable ___ Loud
 ___ Leader ___ Cooperative ___ Creative ___ Empathetic

What has been you favorite position you have ever held? Please Explain.

If there is any other information you would like to share that is relative to the culture of philanthropy, community involvement at CSU please do so here.

Thank you for taking the time to fill out this form. **ONCE YOU HAVE FILLED OUT THIS FORM IF NO ONE IS IN RM 16 DROP UNDER THE DOOR.** I look forward to getting to know you and seeing what we can accomplish together!

Kelly Kish 09'
 Student Coordinator
 Students Helping Students
 Engage CHANGE!
 shs@csuohio.edu