PAWS Program Volunteer Application

Washington State University Foundation│Annual and Special Gifts, Stewardship and Special Events

Personal Information

Name:_____

Student ID #:_____

Local Address:_____

Phone Number:_____

Email Address:_____

Expected Graduation:_____

Major:_____

Availability

Please check your availability below:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please list any skills or experience you have that may apply to the PAWS Program:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THE APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE WSU FOUNDATION ANNUAL AND SPECIAL GIFTS, STEWARDSHIP AND SPECIAL EVENTS DEPARTMENT TO MAKE FURTHUR INQUIRIES IF NEEDED.

Applicant's Signature:_____ Date:_____

PAWS Contact Information   **PAWS.program@wsu.edu**