



Volunteer Application

Name: _____ Date: _____

Home Phone _____ Cell _____ Work Phone _____

Home Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Emergency Contact: _____ Phone: _____

Present Occupation }

Education (highest level completed) }

Previous Volunteer/Work Experience }

Skills, Talents, Interests }

Community Affiliations (Social Service) }

What type of work would you like to do in the Academic Center?

Hours required for school? Y / N Required # of hours? _____

Availability of Volunteer Assignment (days of week and time) }

Length of Commitment }

How did you learn about the MDWAC Volunteer Program?

Please check the location you are interested in }

_____ Homework Help/& Tutoring

_____ ACT/SAT Preparation

_____ College Admission Consulting

_____ Mentor

_____ Front Office

REFERENCE }

Please attach a reference letter with the application.

RETURN TO }

**M.D. Wright Academic Center
701C Hickory Street
Thibodaux, LA 70301**