

- **WHY ARE YOU INTERESTED IN VOLUNTEERING WITH THE COOK COUNSELING CENTER?**

- **WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?**

- **HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY?**

REFERENCE: Please list the name and address of an individual who would write a letter on your behalf, or serve as a verbal reference, if requested.
[Reference letter is not needed at this time.]

Name: _____

Address: _____

Phone#: _____

*Please return this completed application to the Cook Counseling Center, 240 McComas Hall (0108).
For more information please call, 231-6557*

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00	Lunch				
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					