

IMH  TEP'S
LEGACY ACADEMY

VOLUNTEER FORM

FIRST NAME:		LAST NAME:			
PHONE:		HOME		CELL	WORK
EMAIL:					
AFFILIATION:	<input type="checkbox"/> University Student	<i>For students only</i>	CONCENTRATION:		
	<input type="checkbox"/> Parent (ILA)		UNIVERSITY:		
	<input type="checkbox"/> Participant (ILA)				
	<input type="checkbox"/> Faculty Member				
	<input type="checkbox"/> Community Member				

T I M E A V A I L A B L E			
MONDAY		FRIDAY	
TUESDAY		SATURDAY	
WEDNESDAY		SUNDAY	
THURSDAY			

SPECIALTY:	<i>Please feel free to provide details on any areas of expertise you have.</i>

Volunteers must provide a recent Criminal (Vulnerable Sector) Background Check and Child Abuse Register Check.

We thank all applicants for their interest, however, only those selected for an interview will be contacted.