



Volunteer Application OSU Student

Name :	
Email:	Phone:
Major:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Interning/volunteering for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Required hours:
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
Desired start date:	Application submission date:

How did you hear about the volunteer opportunity with our program?

**What type of program(s) are you interested in volunteering/interning for?
Please check all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Youth Cooking Classes | <input type="checkbox"/> Youth Gardening Programs |
| <input type="checkbox"/> Preschool Programs | <input type="checkbox"/> Family Programs |
| <input type="checkbox"/> Summer Day Camps | <input type="checkbox"/> Garden |
| <input type="checkbox"/> Other: | |

Why are you applying to volunteer/intern for the Healthy Youth Program?

Describe your experience working with youth and/or families (include age ranges of children):

What qualities make you a good candidate for working with youth and/or families?

**Submit at applications to hyp@oregonstate.edu or
311 Linus Pauling Science Center**