

Florida Atlantic University Office for Students with Disabilities

777 Glades Road, SU 133
Boca Raton, Florida 33431
Phone: (561) 297-3880
Fax (561) 297- 2184

3200 College Avenue, LA 240
Davie, Florida 33314
Phone: (954) 236-1222
Fax (954) 236-1123

5353 Parkside Drive, SR 110
Jupiter, Florida 33458
Phone: (561)799-8010
Fax (561) 799-8721



Volunteer

Sign-Up Sheet

Date: _____ **Term:** _____ **Campus:** Boca ___ Broward ___ Jupiter ___

**Thank you for choosing to volunteer with the Office with Students with Disabilities.
Please complete this form for our Information Database.**

Name: _____ ID#: _____
Street Address: _____ City: _____ Zip: _____
Local Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ FAU e-mail: _____
Best times to reach you: _____
Which days are you on campus? M T W R F S

Please indicate the times in the day you are available to volunteer.

Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____

Are you a student? Yes ___ No ___
I'd like to earn **Service Points** for my Campus Organization..... Yes ___ No ___
I want to have these **Volunteer Hours** recorded on my transcript... Yes ___ No ___

Areas you are interested in (check all that apply):

Reader ___ Notetaker ___ Scribe ___ Office ___
Research Assistant ___ Tutor ___ (list tutoring subject areas: _____)

For students who will be volunteer notetaking, please answer the following:

I will deliver notes by:
Using OSD copy machine ___ **NCR paper** ___ **fax** ___ **e-mail** ___ **Boxnet** ___
I know the name of the student for whom I'll be taking notes..... Yes ___ No ___

(If Yes) The student's name is: _____

(If No, ask the OSD Office Staff for the student's 1st name and 1st initial of last name)

The class, course code, days and time the class meets are: _____

The professor's name is: _____

For OSD Use Only:

CLASS	OSD STUDENT

Additional Comments: