SERVICE PROVIDER APPLICATION

NAME: _____ DATE: _____ SEMESTER: _____
CID: _____ LOCAL MAILING ADDRESS: _____
_____ _____
PHONE:_____ CELL:_____ EMAIL:_____

Year in School: Fr Soph Jr Sr Grad Non-Student
Degree in progress/completed _____ Major _____ Minor _____
Have you had any previous experience with disabled individuals? Yes _____ No _____
If YES, explain: _____
_____

Which job(s) have you been approved for:
_____ Note taker _____ Note taker/Typist _____ Reader/Scribe _____ Oral/Interpreter
_____ Tutor _____ Typist/Transcriptionist _____ Mobility Assistant

If you are a student, please list your class schedule below:

TIME DAYS	COURSE TITLE	COURSE # & SECTION	BLDG. & ROOM	INSTRUCTOR

Please list any hours in which you would be unable to work; please include evening hours:

_____

_____

_____

Please list the hours per day or class times you would be interested in working:

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

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FOR OFFICE USE ONLY

SCHEDULE OF PROVIDING SERVICES

CLASS SCHEDULE					PROVIDER SERVICES				
TIME DAYS	**COURSE TITLE**	**COURSE # & SECTION**	**BLDG. & ROOM**	**INSTRUCTOR**	**NOTE TAKER** Note taker/ Typist	**INTERPRETER**	**READER**	**TUTOR**	**OTHER**
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For:
					For:	For:	For:	For:	For: