

**International Friends Club Volunteer Information Form**  
(Form for **resident** and **American** volunteers)

Please fill out this form either by using PDF reader or neatly by HAND

Today's Date \_\_\_\_\_ DAWG Tag (if student) \_\_\_\_\_  
(MM/DD/YYYY)

Name: \_\_\_\_\_  
(First) (Last)

Male Female Birth date: \_\_\_\_\_ Email: \_\_\_\_\_  
(MM/DD/YYYY)

Spouse's Name: \_\_\_\_\_  
(First) (Last)

Local Address: \_\_\_\_\_  
(Street) (City) (Zip)

Local Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are you a student at SIUC? Yes No Major/Profession \_\_\_\_\_

If you are a SIUC student, please *select* one: Undergraduate Master PhD Student

Special Interests/Hobbies: \_\_\_\_\_  
(Used for Host Family, English in Action, and Language Exchange partner matching)

**Program Information:** Please check the programs that interest you

English in Action (Conversation Partner Program)

Language Exchange. Which languages? (Other than ENGLISH) \_\_\_\_\_

Hospitality (Orientation assistance)

Host Family Program. Do you have inside pets? Yes No What kind? \_\_\_\_\_

Mother Care

International Women's Support Group

International Women's Friendship Group

Emergency Response Team

Loan Closet Donation

Special Events

Emergency/Temporary Student Home Stay

**(Over for signature)**

***Additional Information:***

As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and guidelines of this unit/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that I am not covered by the State of Illinois Self-Insured Worker's Compensation Program. I further understand and agree that the University shall not be responsible for any injuries to me or damages to my property that may occur in the course of the volunteer service. I agree to indemnify and hold the University harmless to the extent permitted by law for any such injuries or damages. I further understand the University may terminate this agreement at any time without prior notice.

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**Volunteer Signature**

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**Community and Education Programs Coordinator**

Please return form to:

**Elaine Conrad**  
Community and Education Programs Coordinator  
Woody Hall– Mail Code 4333  
Southern Illinois University Carbondale  
425 Clocktower Drive  
Carbondale, IL 62901