

2010 NACSW Convention Student Volunteer Application & Registration

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

School E-mail: _____ Alternate E-mail: _____

College/University that you attend: _____

Are you the designated leader for your group? Yes No

If you answered no to the question above, please list your group leader: _____

Currently, I am a (n): Undergraduate student Master student Doctorate student

Preferred T-shirt size: Small Medium Large X Large XX Large XXX Large

*By marking 1, 2 or 3 on the lines, please list your 1st, 2nd, and 3rd choices for days to volunteer. **Please note that on the dates you indicate as preferences, you are expected to be available to volunteer between the hours of 7am-10pm.***

Thursday, November 11, 2010 (must be available between 7am and 10pm)

Friday, November 12, 2010 (must be available between 7am and 10pm)

Saturday, November 13, 2010 (must be available between 7am and 10pm)

Do you have any specific events/sessions you would like to attend? If so, please indicate the time and date and we will do our best to schedule your volunteer hours accordingly.

What areas of social work are you most interested in? _____

Payment

\$100 Non-member Rate

(includes 6-month membership to NACSW at no additional cost)

\$85 Member Rate

(applies to current individual members of NACSW only)

Registration rate includes attendance to all convention workshop sessions, plenary sessions and banquet

My check or money order is enclosed and made payable to: NACSW

OR

My credit card information is provided below. Please bill my card \$_____ convention registration.

Visa MasterCard American Express

Cardholder's Name _____

Card Number _____

Billing Address _____

Card Expiration Date _____

Student Volunteer Agreement

I would like to be a student volunteer at the NACSW Convention & Training Conference in Durhm to be held from November 11-14, 2010. I understand that in exchange for volunteering at the Convention (about 6 hours total), I will receive a discounted student volunteer registration rate to the Convention. Pre-Convention Institutes are not included in the student volunteer rate.

Signature _____ Date _____

Please provide us with an emergency contact person while you are joining us at the convention.

Emergency Contact Name _____

Emergency Contact Phone Number _____

Please return this form and your registration payment no later than October 22, 2010 to:

NACSW
P.O. Box 121
Botsford, CT 06404
Fax: (203) 270-8780

If you have questions or concerns about your application, please contact Nikki Bruna at Nikki.Bruna@trnty.edu or 708.239.4852.