



The University of Iowa Hospitals and Clinics
College Student Leader Board Application

Name: _____ Age: _____ Sex: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____ Current Year in School: 1st 2nd 3rd 4th Grad

Major(s)/Minor(s): _____

Expected Graduation Date (Month, Year): _____

Date You Began Volunteering: _____ Total Hours: _____

Volunteer work area(s): _____

Have you been a Volunteer Mentor? (Y / N) If so, in which area(s)?: _____

Please answer the following questions on a separate, attached document.

1. List your extracurricular involvements (bullet points).
2. What is your favorite volunteering experience and why? (250 words or less)
3. Why are you interested in serving on the College Student Leader Board? (500 words or less)
4. How would the Student Leader Board be better with you as a member? (250 words or less)
5. List any periods longer than one week you may not be in Iowa City (e.g. study abroad, internship, home to work for summer) through May of next year, excluding winter break. Service on the Student Leader Board is a commitment from March to May of the following year.

Signature: _____ Date: _____

Please return completed application form to:
UI Hospitals and Clinics Volunteer Services, Attn: Director
8025 JCP – 200 Hawkins Drive
Iowa City, IA 52242