



## Community Service Center Volunteer Application

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you an American Citizen? Yes  No

**Emergency Contact**  
(name and phone)

High School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College/University Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**Academic Honors/  
Activities:**

**Dates/times available:**

**Name of Supporting Teacher  
contact information:**

**Area of community service that interests  
you most** (healthcare, energy, etc.):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return all completed materials to:**

Wayne Stanley • 6384-A West Jefferson Blvd. Fort Wayne, Indiana 46804  
(260) 422-1505 phone • (260) 424-1342 fax • [wayne\\_stanley@lugar.senate.gov](mailto:wayne_stanley@lugar.senate.gov)