

INTERNATIONAL CENTER COMMUNITY VOLUNTEER INFORMATION

DATE: _____

NAME _____ PHONE _____

EMAIL: _____

ADDRESS _____

SPECIAL INTERESTS (Major, language skills, hobbies, previous experience with internationals)

____ CONVERSATION PARTNERS PROGRAM

____ CONVERSATION PARTNERS PROGRAM (ADMINISTRATIVE)

____ INTERNATIONAL FRIENDSHIP PROGRAM: HOST STUDENTS

____ INTERNATIONAL FRIENDSHIP PROGRAM COMMITTEE (ADMINISTRATIVE)

____ INTERNATIONAL WOMEN'S ENGLISH CONVERSATION GROUP CHILD CARE (THURSDAY MORNINGS)

____ ASSIST IN SPECIAL EVENTS (INTERNATIONAL CENTER RECEPTIONS)

____ ESCORT VISITORS AND GROUPS

FROM THE AIRPORT _____
UNC AND CHAPEL HILL AREA _____

ADDITIONAL COMMENTS _____
