



**POWER CENTER ENTREPRENEURIAL INSTITUTE  
Volunteer Form**

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Have You Taken Classes Before?	Yes	No	SSN # (Last 4)		Date of Birth (MMYY)	

List Some of Your Hobbies & Area of Business Interest:			
Hours of Availability:			
Specify Age Group With Which You Would Like to Work:	13-14	15-16	17-18

BUSINESS INFORMATION (IF APPLICABLE)			
Your Business Name or Idea		Business Phone	( )
Address		Alt #	( )
Title/Owner		Partner (s)	
Mailing Address (If Different)		Length of Time in Business	
Type of Business / Service etc.			

EMERGENCY CONTACT			
<i>Please list three other contacts.</i>			
Full Name		Relationship	
Company		Phone	( )
Address			

DISCLAIMER AND SIGNATURE:			
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	

Official Use: Application Accepted By: \_\_\_\_\_

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

NOTE: