NOTE: If you fit in more than one category you can enter all your volunteer hours in one location or split the hours between more than one.

First Name ____________________________________________________________ Last Name ____________________________________________________________
[please print] [please print]

Number of Volunteer Hours ____________________________________________________________________________________________

Email Address __________________________________________________________________________________________________________
[please print]

MY ALVERNO CONNECTION IS: (CHECK ONE)

___ Alumnae/i ___________________ Faculty ___________________ Staff
___ Graduation Year ______________ Friend of the College ___________ Student
___ Faculty ___________ Friend of the College ___________ Staff
___ School Sister of St. Francis/ ___________ Internship Mentor ___________ Student
___ Associate

CREDIT MY VOLUNTEER HOURS TO:

___ Alumnae/i ___________________ Friend of the College ___________ Staff
___ Assessor ___________________ Global Union Volunteer ___________ Student Athlete
___ Board of Trustee, Alverno College ___________ Internship Mentor ___________ Student on Leave
___ Cooperating Teacher ___________ Peer Advisor ___________ Student Organization
___ Early Learning Center family ___________ RCGW ___________ Student Resident-School Sister of St. Francis/
___ Education Portfolio Assessor ___________ School of Business-Advisory Board ___________ Associate
___ Faculty, Full-time ___________ School of Education, Advisory ___________ Student, Graduate Student
___ Faculty, Part-time ___________ Council ___________ Student, Peer Advisor
___ Family Member of Faculty, Staff or ___________ School of Nursing-Clinical Assessor ___________ Student, Resident
___ Student ___________ School of Nursing-Advisory Council ___________ Student, Weekday
___ Field Work Classroom teacher ___________ School Sister of St. Francis/ ___________ Student, Weekend
___ Associate

VOLUNTEER ACTIVITY, PLEASE DESCRIBE

For what organization[s] or person[s]? [please provide name, city, and state, e.g. St. Jerome’s Church, Milwaukee, WI]
Name ___________________________________ City ___________________ State ________________

WHAT IS YOUR MOST MEANINGFUL VOLUNTEER EXPERIENCE?

Note: By recording service hours on this form, you affirm that the information you are reporting is true and conforms to the Alverno College Volunteer Challenge Guidelines.

Thank you for your volunteer service and for participating in The Alverno Volunteer Challenge: Caring Counts. The 125th Anniversary Committee

PLEASE SUBMIT THIS FORM VIA
Fax # 414-382-6425 or
Mail to Natalie Nickolas, Alverno Volunteer Challenge, 3400 South 43 Street, P.O. Box 343922, Milwaukee, WI 53234
Call Natalie Nickolas at 414-382-6090
Log into the website at www.alverno.edu/caringcounts