

Global Connections Volunteer Application

Semester:	Banner ID: _@
First Name:	Last Name:
Phone:	E-mail:
Age:	Gender: Male / Female
***Are you comfortable with a pa	artner of a different gender? *** Yes / No
1 st Language:	
Other Languages Spoken:	
You are a Student: [Undergraduate/G	Graduate, Major/Degree]:
Staff or faculty member: [D	epartment]:
How did you hear about this program?	
Would you be interested in participating in Coffee & Conversation? Yes / No	
Would you be interested in being a Table Leader at Coffee & Conversation? Yes / No	
Do you have a car? Yes / No Do y	you ride the bus? Yes / No
Do you smoke? Yes / No Is it	OK if your partner smokes? Yes / No
What do you like? (Interests, Hobbies, Activities, Entertainment, Likes/Dislikes, Personality) (Please be specific and don't leave blank as it is important for proper matching. Example: sports, shopping, movies, music, travel)	
Is there anything else you would like us to con	sider when matching you?
Describe your ideal Global Connections partner:	