

UNITED STATES COPYRIGHT OFFICE Student Volunteer Application

Student/Volunteer Information Full Name:

Street Address:	
City: St.	ate: Zip Code:
Home Phone:	Cell Phone:
E-mail Address:	
Major:	
Program Level: 🗌 High School 📄 Junior/Community Co	ollege 🗌 Undergraduate College/University 🗌 Graduate/Law School
Expected Completion Date/Degree:	
Availability	
Which guarter/semester are you available for assignments?	
Earliest Available Date:	
Which Weekdays:	-
What will you receive for services?: Academic Credit	
Special Skills or Qualifications	

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including clubs or sports teams.

Previous Experience

Summarize your previous employment and volunteer experience.

Person to Notify in Case of Emergency

Name:	
Street Address:	
	e: Zip Code:
Home Phone:	Cell Phone:
Work Phone:	
E-mail Address:	

Student/Volunteer Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern/volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Signature:	Date:	
If under 18 years of age, a parent/guardian's signature is required.		
Parent/Guardian's Signature: Parent/Guardian's Name:		
School Agreement and Signature		

By signing this application, I affirm that this student meets the eligibility requirements of a 3.0 G.P.A. and is in good standing with the school or college/university. I hereby refer this student to the U.S. Copyright Office Internship/Volunteer Program.

Signature:	Date:
Name:	
Position:	

Our policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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