

 HARTFORD CONSORTIUM
FOR HIGHER EDUCATION
Student Advisory Committee
VOLUNTEER FORM

*FULL NAME: _____

*M _____ F _____ NON-BINARY _____ GENDER NEUTRAL _____

*ADDRESS: _____

*CELL: _____ HOME: _____

*HCHE MEMBER SCHOOL: _____

*NAME OF ONE REFERENCE (YOUR SCHOOL): _____

*SCHOOL REF TEL: _____ *REF EMAIL: _____

*SCHOOL ID NO: _____

*YOUR SCHOOL EMAIL: _____ *OTHER EMAIL: _____

*YEAR: _____ *MAJOR: _____ *EXPECTED GRADUATION: _____

*TELL US A LITTLE ABOUT YOU: _____

*A FUN FACT ABOUT YOU!: _____

*I WILL PARTICIPATE/VOLUNTEER DURING: (choose one)

___2020 – 2021 SCHOOL YEAR (1 YR) ___2021 – 2022 SCHOOL YEAR (1 YR) ___2021 – 2023 SCHOOL YEAR (2 YRS)

NAME(S) OF A FRIEND WHO MAY ALSO BE INTERESTED IN PARTICIPATING:

*SIGNATURE (Student)

*DATE

NAME and SIGNATURE (HCHE)

DATE

For further details or to participate:
Contact: 860-702-3801 | www.hartfordconsortium.org