Volunteering Registration Form
2015 Florida Hispanic-Latino Collegiate Forum

Name: __________________________________________________________________________

Major: ____________________________ Class/Year: ____________________________

Email Address: _____________________ Phone Number: ___________________________

Preferred Pronoun: (     ) He/Him (     ) She/Her (     ) They/Them

Volunteering
Becoming a volunteer for the 2015 Florida Hispanic-Latino Collegiate Forum is a great opportunity to become familiar with the planning and execution that events of this magnitude require. Volunteering requires you to work **5 hours minimum and attend a 1 hour mandatory pre-volunteering orientation.** As a volunteer you will be granted reduced fee ($20) to the 2015 Florida Hispanic-Latino Collegiate Forum. Free food not guaranteed. **Only for UF students.**

Options for Volunteering

**Pre-Collegiate Forum Volunteering**
*Mark which task(s) you would like to perform:*
(     ) Administrative (stuffing folders, registration packets, assisting professional staff)
(     ) Marketing (Table at least 3 different events, help register participants)

**Day-of-Collegiate Forum Volunteering**
*Mark which task(s) you would like to perform:*
(     ) Logistics (Set-up, clean-up, close, staff La Casita during break time)
(     ) Hospitality (Help participants get around conference, greet participants, help them find seats)
(     ) Registration
(     ) Administer Surveys

**Post-Conference Volunteering***
(     ) Data Analysis (Must describe skills on Excel, SPSS, Survey Money and/or Qualtrics)
*Must be approved by Dr. Garcia

Contract
By signing this document, I, ____________________________, promise to adequately and enthusiastically fulfill the duties I am assigned to by the Collegiate Forum. If I fail to fulfill my duties, I will pay full conference registration of $30 prior to attending any of the sessions.

______________________________  ______________________________
Print name  Signature

______________________________  ______________________________
Date  Dr. Garcia’s approval