COOP MEMBERSHIP APPLICATION

(Please Print)

LEGAL NAME:		ID#		
Nickname:		<u></u>		
I am a student on the:	☐ Weirton	New Martinsville	Campus	
Semester Participating In: (Fall / Spring / Summer)		Year		
Address:				
Home Phone:	Cell Phone:			
Student E-mail Address:				
In which areas of service are you most into	erested?			
Youth Services (*Please see below)		Military Mail Call		
Homeless / Less Fortunate		Citizenship / Leadership		
Emergency Services		Environmental Issues & Concerns		
Fund Raising		Senior Citizens / Elderly		
Health / Wellness		Animal Preservation		
Community Service		_Other (Specify)		
Comments:				
*Please note if you would like to volunteer for youth After you have had a background check, it is your re longer valid.				
For myself, my heirs, executors and adminical claims I may have against West Virginia Not members for any and all injuries suffered by transported to and from activities.	orthern Community	College, COOP, students, fac	culty, or staff	
Student Signature:		Date:		
FOR OFFICE USE ONI (Revised: 07/2011)	LY			
DATE ADDED IN BANNER:	_			
YEAR:				
DATE OR BACKGROUND CHECK COMPLET	TION:			