



A Not-For-Profit Corporation

Binghamton University  
Binghamton, NY 13902  
Phone: (607) 777-2695  
Fax: (607) 777-4951

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Circle the session to which this availability applies:

Fall Semester                  Spring Semester                  July & August

Beginning Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_

Any time between:

9:00 am – Noon:                  M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_  
Noon – 1:00 pm:                  M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_  
3:30 pm – 5:30 pm:                  M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

Do you have any full days available to substitute? \_\_\_\_\_  
Half Days? \_\_\_\_\_

Please read the Handbook before orientation at the Campus Pre-School & Early Childhood Center, Inc. and then sign and return this form to the office before your first day of volunteering.

I have received and read the Campus Pre-School & Early Childhood Center, Inc. Intern and Student Volunteer Handbook.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_