



## Student Accessibility Centre Note Taker Volunteer Application Form

Please completely fill out all of the information to ensure that you can be appropriately placed and contacted.

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

Phone: \_\_\_\_\_ Major (if applicable): \_\_\_\_\_

Year

1                      2                      3                      4                      5                      5+

Have you volunteered with the Centre before?    Yes                      No

If yes, how? \_\_\_\_\_

Please complete for each course you are interested in taking notes for:

Course Number: _____	Course Name: _____	
Professor: _____	Dept./Faculty: _____	
Day(s): _____	Time: _____	
Fall	Winter	Full Year

Course Number: _____	Course Name: _____	
Professor: _____	Dept./Faculty: _____	
Day(s): _____	Time: _____	
Fall	Winter	Full Year

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Professor: _____	Dept./Faculty: _____	
Day(s): _____	Time: _____	
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