

Order of Omega Alumni Volunteer Registration

Name: _____

Phone: _____ Email: _____

Current City/State: _____

University where Initiated: _____

Year Initiated: _____ Greek Affiliation: _____

Current Employment/Title/Role: _____

Area of Expertise: _____

I would like to help with:

- Workshops – Résumé Building, Your First Interview, Leadership, etc...
- Volunteer at Chapter Events
- Sponsorships/ Help with fundraising
- Speaking – Life after College, Alcohol & Drug Awareness, Marketing Yourself to Potential Employers, Hazing Prevention & Awareness, Motivation, etc...
- Corporate Networking – matching company with potential new hires, corporate scholarships, corporate fundraising opportunities, internships
- Other: _____

What are you looking to get out of volunteering? _____

How involved would you like to be? _____

Is there a particular Chapter you would like to be involved with? _____

Tell us a little about yourself and your background: _____

