



2009 DayS of Service Subcommittee Leader Application

Contact Information:

Name: _____

Residence: _____

Phone Number: _____

E-mail Address: _____

Class Year: _____

Have you participated in DayS of Service (DOS) before? _____ Yes _____ No

Have you participated in DOS planning in the past? _____ Yes _____ No

Are you comfortable making phone calls to places outside of HWS? _____ Yes _____ No

Are you comfortable tabling in Scandling? _____ Yes _____ No

How much time could you commit to this leadership role? _____ hrs/week.

What previous leadership experiences have you had that will help you be successful in this role?

Subcommittees you would be interested in leading (check all that apply).

Food Publicity Site Management Entertainment Supplies

Return this form to the Center for Community Engagement and Service in Trinity Hall.

If you have any questions contact brandon.lawson@hws.edu or belinda.littlefield@hws.edu