



Phonathon Student Caller Employment Application Fall 2017

Personal Information

Name: _____ Social Security # _____

Campus Address (if applicable): _____

Permanent Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Education

Course of study: (major/s) _____

(minor/s) _____

Year in school: Freshman Sophomore Junior Senior Grad Law

Employment History

Related Experience: (check all that apply)

Sales

Public Speaking

Telemarketing

(Please list most recent positions first.)

1. Employer: _____ Dates of Employment: _____

City/State: _____ Phone number: _____

Supervisor's Name: _____ May we contact? _____

Job Title and Duties: _____

Reason for leaving: _____

2. Employer: _____ Dates of Employment: _____

City/State: _____ Phone number: _____

Supervisor's Name: _____ May we contact? _____

Job Title and Duties: _____

Reason for leaving: _____



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Campus Activities and Organizations

The Phonathon Student Caller is seasonal employment during the academic year. The Fall 2017 calling session will be **from August 28th through December 7th**. Training for new and returning callers will be during the week of August 28th through September 1st.

Will you be able to attend the mandatory training during the week of: August 28th – September 1st?

Yes No

If no, please indicate your conflict: _____

Schedule

Please mark the shifts you would be able to work. Callers are required to work at least two shifts a week.

Sunday: 12 - 3 PM	
Sunday: 3 - 6 PM	

Monday: 5 - 8 PM	
Tuesday: 5 - 8 PM	
Wednesday: 5 - 8 PM	
Thursday: 5 - 8 PM	

Interview

Please mark a time during the day when you would be available for an interview:

8:00 am – 10:00 am:

10:00 am – 12:00 pm:

1:00 pm – 3:00 pm:

3:00 pm – 5:00 pm:

5:00 pm – 7:00 pm:



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Information

Why are you interested in working for the Foundation Phonathon Program?

What qualities do you possess that would make you a good phonathon caller?

I heard about the Foundation Phonathon Program from:

Flyer Email Phonathon Employee (name of employee) _____
 Faculty Brochure WU Newspaper Other _____

I affirm that the above information is correct and complete and I authorize Washburn University Foundation to investigate any of the information contained in this application for employment, except where my written statement specifically requests that no reference be made.

Signed: _____ Date: _____

Please send application to:

Courtney Kasl
Annual Giving Officer
785-670-2747
ckasl@wualumni.org