

S. T. A. R. S.
M E M B E R I N F O R M A T I O N F O R M
 Students Taking an Active Role in Society Unified Educational Resource Database

Please Print:

Name: _____ Phone: _____

Address: _____

Special Skills-Education Training:

Are you Student? (Y / N) Are you a Faculty member or staff? (Y / N)
 Are you presently employed?(Y / N) Are you sponsoring a project? (Y / N)
 May we contact you at work?(Y / N) Company Name: _____
 Do you have a car? (Y / N) Work Telephone: _____
 Please list resources for project development: _____

SS#____-____-____ Classification: ____ Soph. ____ Jr. ____ Sr. ____ Graduate

Graduation Date _____ Major _____ Cum. GPA _____

Credits earned toward degree _____ Credits remaining to complete degree _____
 US Citizen/Perm.Resident (Y / N) International Student (Y / N) Visa Status_____

ORGANIZATION AFFILIATIONS: _____

CHECK YOUR FIELDS OF INTERESTS:

- | | |
|---|--|
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Secondary Education |
| <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Teacher Aide / Child Care |
| <input type="checkbox"/> Readings Tutors | <input type="checkbox"/> Head Start Activities |
| <input type="checkbox"/> Languages & Math Teachers | <input type="checkbox"/> Proposal Writers |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Library Work (varied) |
| <input type="checkbox"/> Wetland / Environment Activities | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Parks / Playground Assistants | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Case Study Review | <input type="checkbox"/> Info Specialists |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Software Development |
| <input type="checkbox"/> Helping the Elderly & Disabled | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Landscaping Design/Construction | <input type="checkbox"/> Demonstrators / Event Coordinator |
| <input type="checkbox"/> Cable TV Production | <input type="checkbox"/> Homeless Assistance |

Did we miss your area of interest? Write it in: _____

I am available to work the days and hours indicated:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM.	to	to	to	to	to	to	to
PM.	to	to	to	to	to	to	to

Previous volunteer experiences: _____

Please place all comments, suggestions, &/or additional interests on the reverse of this form.

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S. T. A. R. S.
F A C U L T Y I N F O R M A T I O N F O R M

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Please Print:

Name: _____ Phone: _____

College / Department : _____

Course Project Title	Is a Field Component Required? Y / N	Is a Student or Report Required? Y / N
_____	Y / N	Y / N
_____	Y / N	Y / N
_____	Y / N	Y / N
_____	Y / N	Y / N

If "yes" describe your required projects: _____

Would you be interested in incorporating a community project with your current activities? (ie. apply existing field components to professional real-world circumstances) (Y / N)

If "yes" describe your projects interests: _____

Would you be interested in adding field component experiences to your classes? (Y / N)

If "yes" in which areas? _____

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S. T. A. R. S.
P R O J E C T R E Q U E S T F O R M

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Please Print:

Sponsor Name: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____

Representing: _____

Address: _____

Additional Contact Person: _____ Phone: _____

Please provide the Job Description and Specific Task Requirements: _____

Estimated completion date, or time required to complete: _____

Estimated number of students needed: _____ Preferred Major: _____

Will you be providing the necessary materials and expenses required for completion of these tasks? (Y / N)

If "no" what additional resources are required? _____

What special student skills are necessary or desired? _____

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S. T. A. R. S.
S T U D E N T L O G

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Please Print:

Student Name: _____ Phone: _____ Date: _____

Project Name: _____

Contact Person: _____ Phone: _____

I worked the days and hours indicated for the week of (mm/dd/yy) _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM.	to	to	to	to	to	to	to
PM.	to	to	to	to	to	to	to

Please provide a **Summary of the Activities** completed: _____

Please provide a description of **Anticipated Upcoming Activities**: _____

Please place all comments, suggestions, &/or additional interests on the reverse of this form.

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M E M B E R D I S C L A I M E R

Students Taking an Active Role in Society Unified Educational Resource Database

Please Print:

Member Name: _____ Phone: _____ Date: _____

The member shall be responsible for all damages, loss or liability of any kind including any damages or injuries to third parties. The member agrees to indemnify and hold harmless the Project sponsors, participants, and STARS together with their officers, employees and agents against any and all claims for liability, injury or damage whatsoever arising out of the member's employment or service.

Member Signature: _____ SS#: _____ Date: _____

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S. T. A. R. S.
P R O J E C T I N F O R M A T I O N F O R M

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Please Print:

Project Name: _____

Beginning Date: _____ Completion Date: _____

Project Manager Name: _____ Phone: _____

Project Description: _____

Community Group or Business Involved: _____

Contact Persons:

Name	Title / Group Represented	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Involved Faculty:

Name	College / Department	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Project Participants:

Name	Phone	Major	Dates Involved	
1. _____	_____	_____	From: _____	To: _____
2. _____	_____	_____	From: _____	To: _____
3. _____	_____	_____	From: _____	To: _____
4. _____	_____	_____	From: _____	To: _____
5. _____	_____	_____	From: _____	To: _____
6. _____	_____	_____	From: _____	To: _____
7. _____	_____	_____	From: _____	To: _____
8. _____	_____	_____	From: _____	To: _____
9. _____	_____	_____	From: _____	To: _____
10. _____	_____	_____	From: _____	To: _____
11. _____	_____	_____	From: _____	To: _____
12. _____	_____	_____	From: _____	To: _____
13. _____	_____	_____	From: _____	To: _____
14. _____	_____	_____	From: _____	To: _____
15. _____	_____	_____	From: _____	To: _____

Please place all comments, suggestions, &/or additional interests on the reverse of this application.

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P R O J E C T P R O G R E S S R E P O R T

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Please Print:

Project Manager Name: _____ Phone: _____ Date: _____

Project Name: _____

Contact Person: _____ Phone: _____

Please provide a **Summary of the Week's Activities:** _____

Participants:

Name hrs.	Week's hours completed							total
	M	T	W	R	F	Sa	Su	
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____	_____	_____

Please provide a description of **Things to be addressed in coming weeks:** _____

Please place all comments, suggestions, &/or additional interests on the reverse of this form.

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TELEPHONE CONVERSATION RECORD

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Project Name: _____ Date: _____

Conversed with: _____ of: _____

Regarding: _____

Actions Necessary: _____

Recorded by: _____ Incoming ___ Outgoing ___

Project Name: _____ **Date:** _____

Conversed with: _____ of: _____

Regarding: _____

Actions Necessary: _____

Recorded by: _____ Incoming ___ Outgoing ___

Project Name: _____ **Date:** _____

Conversed with: _____ of: _____

Regarding: _____

Actions Necessary: _____

Recorded by: _____ Incoming ___ Outgoing ___

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