

SEMESTER \_\_\_\_\_

## Volunteer Note-Taker Application

FERRIS STATE UNIVERSITY  
Educational Counseling & Disabilities  
Services Located in ASC Building, ASC  
1017 disabilities@ferris.edu  
231-591-3057

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Faculty Name: \_\_\_\_\_ Course & Section #: \_\_\_\_\_  
(Ex. COMM 121 -001)

Day & Time of Class: \_\_\_\_\_

Have you been trained previously as a Note-Taker? Yes No Semester Trained? \_\_\_\_\_  
(Please circle your response.)

1. You must have a GPA OF 2.5.
2. *If you are selected and accept this position, you will be called at the phone number above that you have provided.*

### ADDITIONAL INFORMATION

When turning in this application, please provide a copy of your **notes from any class and your Ferris Student Identification Card.**

Please return this form to:  
Educational Counseling & Disabilities Services Office in ASC 1017.  
You may call (231) 591-3057 with any questions, or e-mail your questions to: disabilities@ferris.edu.

### ---- FOR DISABILITIES USE ONLY ----

Ferris Student ID Number of the DS Student \_\_\_\_\_

Date Application Received \_\_\_\_\_ CUM GPA of **Note-Taker** \_\_\_\_\_

Copy of Ferris ID Card (Volunteer Note-Taker) \_\_\_\_\_