

Conversation Partners Program Volunteer Application



Semester: _____ Banner ID: _____
First Name: _____ Last Name: _____
Phone: _____ E-mail: _____

Age: _____ Gender: Male / Female
***Are you comfortable with a Partner of a different gender? *** Yes / No

1st Language: _____

Other Languages Spoken: _____

You are a _____ Student: [Undergraduate/Graduate, Major/Degree]: _____
_____ Staff or faculty member: [Department]: _____

How did you hear about this program? _____

Would you be interested in participating in our Conversation Club? Yes / No

Would you be interested in being a Table Leader at the Conversation Club? Yes / No

Do you have a car? Yes / No Do you ride the bus? Yes / No

Do you smoke? Yes / No Is it OK if your Partner smokes? Yes / No

What do you like? (Interests, Hobbies, Activities, Entertainment, Likes/Dislikes, Personality)
(Please be specific and don't leave blank as it is important for proper matching. Example: sports, shopping, movies, music, travel)

Is there anything else you wish us to consider when matching you with a Partner?

Describe your ideal Partner:

Thank you for participating in the Conversation Partners Program!

Please return to Stephanie Robinson / MS 2.01.08B / 210-458-5059
E-mail: conversationpartners@utsa.edu