



2009 All Ohio Counselor Conference Volunteer Application Form

First Name: _____ Last Name: _____

First name as you would like it on name badge: _____

College or University: _____

Your mailing address: _____

County: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail address: _____

Are you a current OCA member? Yes _____ No _____

Are you a current OSCA member? Yes _____ No _____

NOTE: You must be a student member of either OCA or OSCA in order to volunteer.

Are you available to volunteer on: Thursday November 5 _____
(Volunteers will be required to work Friday, November 6 _____
in 3-hour blocks) Either day _____

Please return by email before Friday October 2, 2009 to:

Dr. Christine Suniti Bhat, PhD, PC
Professional Development Chair, OCA
Email: bhatc@ohio.edu with a copy to ls135708@ohio.edu

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