

USA'S SPECIAL STUDENT SERVICES DEPARTMENT SOLICITS:



VOLUNTEER* NOTE-TAKERS

for

Disabled students enrolled in YOUR classes!

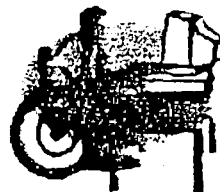
BENEFITS:

- Giving feels good. Your humanitarian efforts will help a disabled student succeed at the University.
- Special Student Services will document your volunteer hours each semester for community service projects, etc...
- Volunteer note-takers may use the Special Student Services office as a reference on job applications.



APPLY TODAY!

Complete an application to determine your eligibility:
Special Student Services
Student Center Room 270
460-7212



***Eligible volunteers must complete an orientation session.
Volunteers will receive note-taking supplies and a \$50**

Address:

USA SPECIAL STUDENT SERVICES
NOTETAKER APPLICATION

Fall _____ Spring _____ Summer _____

Name _____	Phone # _____	Date _____	
Email _____	Major _____	GPA _____	
Jag # _____	Please circle: 1 st year 2 nd 3 rd 4 th 5 th Grad		

- Have you previously worked with Special Student Services? YES / NO
- Have you attended a Notetaker Orientation? YES / NO
- Please list the name and phone number of one on-campus reference, either an instructor or full time USA employee.
Name: _____ Phone: _____

Title/ Department: _____

TO THE APPLICANT: Special Student Services provides academic support to students with documented disabilities. An essential function of the Notetaking service is contact between the student with a disability and the notetaker. If you are selected as a notetaker, we will provide your name, phone number and/or address to the student(s) that you are serving.

Also, In appreciation for providing copies of class notes for the entire semester, you will receive a gift card to the USA Bookstore.

PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND THIS: _____

Please list the class(es) that you would like to take notes for:

Subject Name & Number	Days / Location	Time	Professor
Example: PSY 120	MWF Humb 140	10:00 – 10:50 am	Dr. John Smith



The University of South Alabama
Purchasing Department
Authorization for Electronic Direct Deposit

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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*If the University already has your information and there have been no account changes, this form is not required.

Vendor Information

Name (printed):	USA Vendor (J) Number:	
Contact Name:	Federal ID Number:	
Street Address:		
City	State	Zip Code
Phone Number:	E-mail Address (For notification of direct deposit):	

Financial Institution Information

Name:		
Street Address:		
City	State	Zip Code
Exact Depositor Account Name:		
Nine-Digit Routing Transit Number:		
Account Number:		
I certify that the information provided on this form is correct and understand that I am responsible, upon receiving USA notification of deposit, for verifying with my bank that my account has been credited. I understand that expenditures made from my account without such verification will be made at my own risk. I agree to promptly notify the USA Purchasing and Accounts Payable Departments of changes in name, address, and/or account status. I authorize the financial institution named above to process the credit entries initiated by USA. I understand that that this authorization remains in full force and effect while I am a vendor for USA unless USA receives my timely written request to terminate or unless USA notifies me that EDD or my participation in EDD is to be terminated.		
Authorized Signature:	Date:	

*If we are making deposits on your behalf into a U.S. banking institution and then the entire payment is transferred to an international bank, please contact the USA Accounts Payable department @ (251) 460-6191. Further information can be obtained at www.nacha.org

*****ATTACH VOIDED CHECK HERE*****
 Deposit Slips Are Not Accepted

Please Complete and Return to the following:
 The University of South Alabama
 Purchasing Department
 307 University Blvd., Room AD-245
 Mobile, AL 36688-0002
 Fax: (251) 414-8291

Invoice

Date :

Job	Payment Terms	Due Date
Note Taker	Per Semester	

Description	Unit Price	Total
I provided notes for a student with disabilities during the 2020-2021 school year CLASS: INSTRUCTOR:		

TOTAL:

Print Name. _____ JAG# _____

Signature: _____

