

## I-GO RESIDENT APPLICATION

I would like to be considered for participation for the Governor's Center I-GO Program. I understand the I-GO program will run for 8 weeks and I agree to do my best to participate in all scheduled meetings. I have completed the Activity Checklist, which provides the Program Coordinator with information of the areas of activity I am interested in, so I can be matched with a student volunteer.

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

For Office Use Only:  
Student's Name \_\_\_\_\_