

COUNTY OF LOS ANGELES VOLUNTEER SERVICE APPLICATION

Thank you for considering Los Angeles County as an opportunity for your volunteer activity. Please provide the following information:

<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Youth (14-17) <input type="checkbox"/> Adult	
<hr/> Last Name	<hr/> First name	Date of Birth	<hr/> / <hr/> / <hr/>
<hr/> Street Address		Telephone: () <hr/>	
<hr/> City	<hr/> State	Cell Phone: () <hr/>	
<hr/> E-mail: _____		Social Security: <hr/> - <hr/> - <hr/>	

In Case of Emergency, Notify: _____ **Relationship** _____

Home Phone: () _____ Cell Phone: () _____ Other: () _____

Medical Reference: _____ Telephone: () _____
Name of Doctor

Academic Background:

Name of School: _____ City _____ State _____

Special area of interest in volunteering: _____

Clerical Skills: _____

Communication Skills (foreign language, photography, graphic arts, journalism, etc) _____

Additional Skills/Comments _____

Are there any work activities or conditions that you must avoid? _____

Have you ever been arrested or convicted for a misdemeanor or felony? _____ If "Yes", explain

When, where and disposition of case

Please fill in periods of time in which you currently are available to volunteer							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

The Volunteer service department is not obligated to provide a placement nor are you obligated to accept the position offered.

Signature _____

Date _____

Signature of Parent _____

Date _____

