## 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:

□ <i>M</i> □ <i>F</i>						Youth (14-17)	) □Adult	
Last N	Name		First nan		ate of Birth	/_		
Street Addre				Te	elephone: (	)		
Street Addre	299			C	ell Phone: (	)		
City		State	Zip Co	ode				
E-mail:					ocial Security:			
In Case of E	Emergency, N						lationship	
Home Phone	ə: ( )		Cell Phone:	( )	Oth	er: ( )		
Medical Refe	erence:	Name of Do	Te	elephone: (	)	_		
	Background:							
Name of Sch	nool:			Cit	у	State	э	
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 ev	er been arrest	ed or convicted	l for a misde	meanor or felo	ny?	If "Yes", expl	ain	
When, where	e and disposition	on of case						
P				you current	<del>-</del>	T	1	
Morning	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Afternoon								
Evening								
The Volunteer	r service departi	ment is not oblig	ated to provid	e a placement n	or are you oblig	ated to accept	the position	
offered. Signature Date								
Signature of Parent Date Rev: 07/11/13								

## COUNTY OF LOS ANGELES VOLUNTEER ENROLLMENT

Please provide the following information:							
□M □F	□Youth (14-17) □Adult						
Name:(Last)	(First)						
Street Address:							
City:	Zip Code:						
Telephone Number: ( )	_ Check one: ○Home ○Cell						
Social Security Number:	Date of Birth:						
What is the name and telephone number of the person who should be contacted in case of an emergency:							
Name:							
Telephone Number: ( )	Relationship:						
If your volunteer assignment will include driving or operating a vehicle, please provide the following information:							
Your Driver's License:	_Expiration Date:						
Auto Company Insurance Company:							
The following information will be completed by the Volunteer Program Coordinator.							
Assignment:							
Position:							
Location:							
Supervisor:							
Starting and Ending Dates							
Starting Date:	Ending Date:						
Background Check Required?  OYes ONo	Date Completed:						
Vehicle Required ○Yes ○No	Туре:						

Rev: 7/12