



VOLUNTEER APPLICATION

Volunteer Services Program

3817 S. San Pedro St.
Los Angeles, CA 90011
(323) 231-1367

Name _____ Date: _____
(last) (first) (middle)

Address: _____
(street) (city, state) (zip)

Home Phone: () _____ Other Phone #'s () _____

Drivers License # _____ Expires: _____ E-Mail: _____

Social Security #: _____

In Emergency notify: _____ Relationship: _____ Phone#: _____

Education/Work Experience

College/University: _____

Degree: _____

Present Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Supervisor: _____ Title: _____

Dates Employed: _____ to _____

Position/Title: _____ Your Duties: _____

Present Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Supervisor: _____ Title: _____

Dates Employed: _____ to _____

Position/Title: _____ Your Duties: _____

Previous work experience: (paid or unpaid volunteer) _____

Please check/identify your skills and talents:

Special Skills: _____ Languages: _____

Event Planning: _____ Computer: Excel ___ MSWord ___ Power Point ___

MIS/Hardware: _____ Grant Writing: _____ Funding Proposals: _____

Accounting: _____ Tutoring: _____

Arts/Crafts: _____ Other: _____

Please check or list areas you are interested in volunteering for:

Office/Clerical: _____ Receptionist/Phones: _____ Accounting: _____

Office Filing: _____ Classroom Aide: _____ Field Trips: _____

Maintenance: _____ Housekeeping: _____ Special Events: _____

Literacy: _____ Tutoring: _____ Dance: _____

Recreational Activities: _____ Physical sports: _____ Tutoring: _____

Indoor Sports: _____ Outdoor Sports: _____

Fitness/Exercise: _____ Arts: _____ Crafts: _____

Other: _____

Age Groups: Preschool: _____ Youth: _____ Seniors: _____

Other volunteer job(s) not listed you would prefer: _____

VOLUNTEER AVAILABILITY:

Please check the day and times you will be available to volunteer:

DAY	MORNING	AFTERNOON	EVENING	Total daily Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			TOTAL HOURS PER WEEK	

Volunteer hours/assignments are a commitment to The Children’s Collective, Inc. and to the community we serve. We ask all of our volunteers to make a minimum commitment of time per week for at least six months.

How did you hear about The Children’s Collective, Inc.:

Publications: _____ Newspapers: _____ Internet: _____

Friend: _____ Name of Friend: _____ Word of Mouth: _____

Other: _____

The information I have filled out on this application is accurate and correct at the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

PERSONAL/PROFESSIONAL REFERENCES

Please fill out the Volunteer Reference Recommendation Form . Applications without references will not be considered. Your references may not be written by a relative.

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State** ____ **Zip:** _____

Telephone #: _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State** ____ **Zip:** _____

Telephone #: _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State** ____ **Zip:** _____

Telephone #: _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State** ____ **Zip:** _____

Telephone #: _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State** ____ **Zip:** _____

Telephone #: _____