



VOLUNTEER APPLICATION PACKET

Name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

ABOUT YOU

Age: 12-15 16-18 18-21 21 and over

Important: Background checks are required for volunteers working with children five or more hours per year. LACC programs working with children only accept groups of volunteers for one-day projects of less than five hours.

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Administrative/Clerical Event Planning/Organization Mentoring/Teaching
 IT/Web Other: _____

Is there a person or group you particularly want to work with? (Check all that apply)

- Toddlers Children Teens Young Adults
 Adults Seniors Other: _____

Education Level:

- High School/GED Undergraduate Graduate Other

Current Status:

- Unemployed Employed Student Parent Retired

If you are employed select which best categorizes your current or immediate past employment:

- Managerial/Professional (teacher, doctor, etc)
 Social Service
 Law enforcement/ Justice
 Technical/Sales/Administrative
 Military
 Religious
 Other: _____

Please tell us about yourself: _____

List skills/talents/abilities: _____

