## 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:

						Youth (14-17)	□Adult
Last N	lamo		First nam		ate of Birth	/_	/
Last N	lame	i ii st name			elephone: (	)	
Street Addre					ell Phone: (		
City		State Zip Code		ode			
E-mail:					ocial Security: <sub>.</sub>	<del>-</del>	
In Case of Emergency, Notify:							
						Rel	ationship
Home Phone	e: ( )		Cell Phone:	( )	Othe	er: ( )	
Medical Reference:          Telephone: ( )							
		Name of Do	octor			,	
Academic B	ackground:						
Name of School: 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							
Have you eve	er been arreste	ea or convicted	i ior a misuer	meanor or reior	ıy?	ii res, expia	airi
When, where	and disposition	on of case					
	-						
PI	ease fill in p	eriods of tim	e in which	you currentl	y are availab	ole to volun	teer
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening The Volunteer	service departr	nent is not oblig	ated to provide	 e a placement no	 or are vou obliga	ated to accept	the position
The Volunteer service department is not obligated to provide a placement nor are you obligated to accept the position offered.							
Signature				Da	ate		
Signature of Rev: 07/11/13	Parent	-17) are required to	have a signature	Da	ate		