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:

□***M*** □***F*** □***Youth (14-17)*** □***Adult***

_____ _____ Date of Birth _____/_____/_____

Last Name ***First name***

_____ Telephone: ( ) _____

Street Address

_____ _____ _____ Cell Phone: ( ) _____

City State Zip Code

Social Security: _____-_____ -_____

E-mail: _____

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 _____

Rev: 07/11/13 *Youth (14-17) are required to have a signature of parent.*