

CO-OP Volunteer Application

8929 S. Sepulveda Blvd. Suite 400 Los Angeles, CA 90045

Tel: 310-649-1016



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Education

High School	
High School Graduation Date	
College/University	
College Graduation Date	
Additional Degrees/ Certifications:	

Availability

During which hours are you available for volunteer assignments? Please write in the times you are available each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Tutoring	<input type="checkbox"/> College Advisement	<input type="checkbox"/> Special events
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Technology	<input type="checkbox"/> Ebay Listings
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Seasonal Decorating	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Workshop Facilitator	<input type="checkbox"/> Website	<input type="checkbox"/> Carpet Cleaning
<input type="checkbox"/> Youth Mentor	<input type="checkbox"/> Adobe Photo Shop	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Public Relations	<input type="checkbox"/> MS Server	<input type="checkbox"/> Phone Calls
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Adobe Flash Player	<input type="checkbox"/> Publicity/Marketing
<input type="checkbox"/> Other: _____		

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Reason for Applying

Please briefly describe your interest and motivation in becoming a CO-OP volunteer.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.