

VOLUNTEER APPLICATION



Date: _____

Name: _____ Primary Phone Number: _____
(First and Last Name)

Home Address: _____
(Building Number -Street Name) (City, State) (Zip Code)

Current Occupation: _____ Work Phone Number: _____

E-mail Address: _____ Date of PADNET membership: _____

What is your availability? Please indicated the blocks of time each day that you **ARE** available:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

To help us determine duties that best suit your skills, abilities and interests, please complete the following information. You can also attach a current resume to this application.

Special skills and interests:

Are there any areas you would particularly like to work in for your volunteer hours?

Are there any tasks or types of work that you would not be able to do (lifting over 20lbs, etc):

Special accommodations required: _____

By signing below you certify that all information provided in this application is true to the best of your knowledge. Any falsification of information may result the termination of your volunteer term with Long Beach Community Action Partnership.

Signature (Volunteer)

Date

Signature (Parent/Guardian if Volunteer is under 18 years old)

Date

THANK YOU for your interest in volunteering with PADNET!