

COMMUNITY'S CHILD INC.
VOLUNTEER APPLICATION FORM

Date: _____

Applicant's Information:

Name: _____
Street Address: _____
City: _____ ZIP: _____
Phone (home): _____ (work): _____
(cell): _____
Fax: _____ Email: _____

Business/Professional Background (list most recent first):

Organization: _____
Street Address: _____
City: _____ ZIP: _____
Position: _____
Dates: _____ To: _____
Organization: _____
Street Address: _____
City: _____ ZIP: _____
Position: _____
Dates: _____ To: _____

Current Status:

Retirement Date: _____
Employed: Full Time: _____ Part Time: _____
School: Full Time: _____ Part Time: _____

Professional Affiliations:

Current: _____ Past: _____

Current: _____ Past: _____

Fund Raising Experience:

Current: _____ Past: _____

Current: _____ Past: _____

Volunteer Services:

Current: _____ Past: _____

Current: _____ Past: _____

Please mark all volunteer areas of interest:

Babysitting		Baby Bottle Fundraiser	
Bible Study		Child Care during Food Distribution	
Cooking Classes		Driving to Appointments	
Donation Pick Ups		Donation Sorting & Storing	
Event Assistance		Food & Clothing Distribution	
Fund Raising – Bake/Yard Sales		Gardening	
House Hold Maintenance/Repairs		Mentoring	
Recreational Activities		Tutoring	

Other Volunteer Areas of Interest:

Days and Hours of Availability:

Comments or Questions:

*Those Volunteers wishing to work in direct contact with the women, infants and children will be required to submit to a "Live Scan." This procedure is paid for in full by Community's Child.

Please return your completed application to:

**Community' Child Inc.
25520 Woodward Ave.
Lomita, CA. 90717
or
Fax to (310) 534-4050**