## City of Lawndale Volunteer Application/Registration

Please return form to: City of Lawndale 14717 Burin Avenue Lawndale, CA 90260

| FULL NAME:  |                |         | DAT                  | E: |        |  |
|---|----------------|---------|----------------------|----|--------|--|
| ADDRESS:  |                |         |                      |    |        |  |
|   | Street         | City    | State                | 9  | Zip    |  |
| Home Phone: ()  | <u> </u>       |         | Cell Phone: <u>(</u> | )  |        |  |
| Date of Birth:  |                | _ Age:  | Email:               |    |        |  |
| Have you ever been o  | convicted of a | felony? | YES                  |    | ] NO   |  |
| Diploma or College Degree?  |                |         |                      |    |        |  |
| How did you hear about the program?   |                |         |                      |    |        |  |
| Why and where do you want to volunteer?   |                |         |                      |    |        |  |
| Volunteer/Community Experience:   |                |         |                      |    |        |  |
| Special skills, interest, licenses or hobbies:  |                |         |                      |    |        |  |
|   |                |         |                      |    |        |  |
| Please describe any limitations that will prevent you from completing your task as a volunteer: |                |         |                      |    |        |  |
| Do you need volunteer hours for any of the following reasons:                                   |                |         |                      |    |        |  |
| Court   |                | W       | ork Experience       |    | School |  |
| Employment or School  | ol:            |         |                      |    |        |  |
| Name:   |                |         |                      |    |        |  |
| Address:  |                |         |                      |    |        |  |
| Emergency Cor   | itact Number:  |         |                      |    |        |  |

Please note: Completing this application does not guarantee that we will have available hours.

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How many hours per month will you commit to training and community service?

15 hrs

20 hrs

More than 20

10 hrs

Less than 10

| AVAILABILITY: | From | То |
|---------------|------|----|
| Monday:       |      |    |
| Tuesday:      |      |    |
| Wednesday:    |      |    |
| Thursday:     |      |    |
| Friday:       |      |    |
| Saturday:     |      |    |
| Sunday:       |      |    |

## **Notes:**

Circle one:

## \*\*\* Please be aware that the minimum age for volunteering is 13yrs.old. \*\*\*

For more information or if you have any questions please contact: Kari Conley-Bell at (310) 973-3283

Community Services Department
(310) 973-3270
"Creating communities through People, Parks, and Programs."
www.lawndalecity.org