

ALL PEOPLES



COMMUNITY CENTER

Adult Volunteer Application

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Cell #: _____

Email: _____

Is the services for your school / classroom assignment? YES / NO

If so what is your school or institutional name: _____

How many hours do you need and by when: _____

Availability: Mon /Tue /Wed /Thur / Fri /Sat Hours: _____

Highest Level of education: _____

Previous Volunteer / Work Experience: (Be specific.):

Skills / Expertise:

_____ Computer Software _____ Microsoft Word _____ Microsoft Excel _____ PowerPoint

Other: _____

Area of Experience and / or Interest:

_____ Children 6-12 _____ Teens _____ Elderly Other _____

Would you consider reception work? YES / NO

Do you speak Spanish? YES / NO

If Yes: Beginner Intermediate Fluent

Can you translate as needed? YES / NO

Can you greet clients? YES / NO

Would you like to tutor? YES / NO

Please identify the subject and grade that you are proficient to tutor:

___ Grade level K-3 ___ Grade4-6 ___ Grade 7-9 ___ Other
___ Math ___ Algebra ___ Reading ___ Spelling ___ other _____

Any other special skills we can use for the betterment of the community? If so, please explain:

Sports activities you may like to coach if available? YES / NO

If yes:

Any medical conditions to report: (Please Explain) :

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____

Signature: _____ Date: _____

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_____ Entered By