



**COMMUNITY DEVELOPMENT COMMISSION
OF THE COUNTY OF LOS ANGELES**

700 W. Main Street • Alhambra • CA • 91801
Tel: (626) 262-4511 TTY/TDD: (626) 943-3898

VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Placement Site: _____ Today's Date: _____
Program Assignment: _____ Site Supervisor: _____
Dates Available: From: _____ To: _____

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Times:					

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell/Alternat Phone: _____
Email Address: _____
Drivers License Number: _____ State: _____ Sex: Female Male

Educational Information

School: _____ Class Level: _____
Field of Study: _____ Anticipated Graduation: _____

Volunteer Information

Instructor: _____ Course: _____
Type of Service Required by Course/Instructor: _____
Hours of Service Required: _____
Student's Specific Area of Interest (if known): _____

Additional Skills/Abilities: _____

Are you proficient in other languages? Speaking _____ Reading _____ Writing _____
Certificates or Licenses: _____

Supplemental Data

Have you ever been, or are you currently, employed by the CDC? Yes No
Are you related to any present employee in the Commission? Yes No
Are you currently a housing resident, Section 8 participant, or on a waiting list? Yes No
Do you have any physical limitations that would present you from performing your
Volunteer assignment? Yes No
If "Yes", what type of reasonable accommodations would you need? _____

