

# LAGUNA NIGUEL VOLUNTEER APPLICATION FORM

DATE:	NAME:
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ADDRESS:	TELEPHONE:
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SPECIAL SKILLS OR INTERESTS:

IS YOUR VOLUNTEER SERVICE REQUIRED? <p style="text-align: center; font-weight: bold; font-size: 1.2em;">YES/NO</p>	IF SO, PLEASE EXPLAIN:
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**HOURS AVAILABLE:** Please check days you are interested in working.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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Age if under 18: \_\_\_\_\_ Grade (if under 18): \_\_\_\_\_
 
 AM  PM 
 TO
 
 AM  PM

I WOULD LIKE TO WORK \_\_\_\_\_ DAYS A WEEK:

### REFERENCES:

<u>Name:</u>	<u>Personal/Professional Relationship:</u>	<u>Phone #</u>
<u>Name:</u>	<u>Personal/Professional Relationship:</u>	<u>Phone #</u>

### EMERGENCY CONTACT INFORMATION:

<u>Family Physician:</u>	<u>Phone #</u>

<u>Name:</u>	<u>Relationship:</u>	<u>Phone (Please specify work, cell, and/or home #)</u>

<b>PARENT OR GUARDIAN'S SIGNATURE:</b> <i>(If under 18 years of age.)</i>	<b>SIGNATURE OF VOLUNTEER:</b>