



CITY OF INGLEWOOD

Parks, Recreation and Community Services



Personal Information

Last Name: _____ First Name: _____ Birthday: ____/____/____

(Month) (Day) (Year)

Address: _____
(Street) (City) (zip)

Home Phone: (____) _____-_____ Other Phone: (____) _____-_____ E-Mail: _____

Emergency Contact: _____ Phone Number: (____) _____-_____

Skills and Interests (Optional)

1. Educational background: _____
2. Current occupation: _____
3. Hobbies, skills, interests: _____
4. Previous volunteer experience: _____

Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Coaching: _____ | <input type="checkbox"/> Cultural Arts |
| <input type="checkbox"/> Assistant in general administrative duties | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Recreation instructor | <input type="checkbox"/> Event photography |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Commodities |
| <input type="checkbox"/> Neighborhood clean up | <input type="checkbox"/> Library |
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other: _____ | |

Please note that occasionally there are opportunities for youth under age 15 to volunteer with adult family members for special projects. For more information please call (310) 412-4346.

2. Is there a person or group with whom you are particularly interest in working? (Check all that apply.)

- | | | |
|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Youth | <input type="checkbox"/> Adults |
| <input type="checkbox"/> City staff | <input type="checkbox"/> Teens | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> People with disabilities | | <input type="checkbox"/> Sports |

3. Are there any groups with which you would not feel comfortable working? If yes, please list.

- No Yes: _____

Availability

1. What times are you interested in volunteering? (Check all that apply.)

- Flexible Prefer Weekdays Prefer Weekends Times Available: _____

2. Do you have a geographic preference as to where you do volunteer work? If yes, please list.

- No Yes: _____

3. Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? If yes, please list.

- No Yes: _____

Miscellaneous

1. Please list two non-family references whom we might contact.

A- _____

Phone Number: (____)____-____

B- _____

Phone Number: (____)____-____

2. Reason for volunteering:

Community Involvement

Need School Credits

Other _____

3. How did you hear about us? (Check all that apply.)

Internet

Advertisement/Flyer

Agency/School

Newspaper

TV-Inglewood Cable TV

Friend/Volunteer

Other _____

4. Does your employer have a corporate volunteer match or giving program?

Yes

No

Other _____

SUBMIT