

# VOLUNTEER APPLICATION

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SUPPORTING KIDS IN LIVING & LEARNING SUCCESSFULLY

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Date: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ California Drivers License \_\_\_\_\_ E-mail \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Language(s) Spoken Other Than English \_\_\_\_\_  
Hobbies, Interest and Special Skills: \_\_\_\_\_

Why do you want to volunteer for The SKILLS Foundation? \_\_\_\_\_

Days of the Week Available: S M T W TH F S Hours: From \_\_\_\_\_ to \_\_\_\_\_  
S M T W TH F S Hours: From \_\_\_\_\_ to \_\_\_\_\_  
S M T W TH F S Hours: From \_\_\_\_\_ to \_\_\_\_\_  
S M T W TH F S Hours: From \_\_\_\_\_ to \_\_\_\_\_

Which of the following would you be interested in doing as a volunteer for SKILLS (please check all that apply)?

- Office Assistance       Fundraising       Special Event  
 Photographer       Computer Entry       Graphic Design  
 Other(s): \_\_\_\_\_