

AGOURA HILLS/CALABASAS
COMMUNITY CENTER



VOLUNTEER APPLICATION

SECTION I

Date: _____

Name of Person _____

Address _____ City _____ Zip _____

Phone Number (Day & Night) _____

How did you hear about us? _____

SECTION II

Emergency Contact Name: _____ Relationship _____

Phone Numbers (Day & Night) _____

Doctor Name _____ Phone # _____

Hospital _____ Phone # _____

SECTION III

Past or present volunteer experience _____

Professional Business experience _____

Special skills/talents/languages _____

Volunteer work desired: Reception/Recreation Center Special Events General Recreation Classes/Camps
 Senior Recreation Program Other _____

Hours Available _____

Mon	Tue	Wed	Thur	Fri	Sat	Sun

SECTION IV

Are you volunteering to complete school requirements? Yes No

School _____ Grade _____

Number of Hours Needed _____ Date to Complete By _____

Are you volunteering to complete court-awarded community hours? Yes No

Number of Hours Needed _____ Date to Complete By _____

Have you ever been convicted of a criminal offense which resulted in imprisonment, probation, or a fine of more than \$25

Yes No If Yes, Explain _____