

1835 South Hope Street
Los Angeles, CA 90015
Website: www.sfcla.org
Volunteer Calendar:
www.sfcla.org/volunteer.htm



Corinne Fisher
Volunteer Coordinator
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Tel: 213.747.5347 ext. 111

GROUP VOLUNTEER APPLICATION

Name: _____

Phone: _____

Address: _____

Email: _____

Contact Person: _____

Phone: () _____ - _____

Number of Volunteers in Group: _____

Age Range of Volunteers: _____

Foreign Language Do volunteers speak Spanish? (please circle) Yes No Other foreign languages? _____

Which volunteer opportunity are you interested in? (please check all that apply)

Homeless Breakfast Family Food Program Senior Programs
 After-School Programming Holiday Events Other _____

How did you hear about St. Francis Center? _____

Why are you interested in bringing your group to volunteer at St. Francis Center? _____

List other volunteer work you have done:

Please list days and times you are available

Monday Tuesday Wednesday Thursday Friday Saturday

I hereby grant permission to St. Francis Center to use my group's photograph on its World Wide Web site or in any of the Center's printed publications without further consideration. I also acknowledge that St. Francis Center may choose not to use our photo at time it is taken, but may do so at its own discretion at a later date.

Signature: _____ Date: _____

I grant permission to St. Francis Center to perform any necessary inquiries into my group's personal history, including background checks and similar investigations.

Signature: _____ Date: _____