

1835 South Hope Street  
Los Angeles, CA 90015  
Tel: (213) 747-5347  
Volunteer Calendar:  
www.sfcla.org/volunteer.htm



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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Other: (    ) \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

### Student Volunteers Only

School: \_\_\_\_\_ Year/Grade: \_\_\_\_\_ Highest level completed: \_\_\_\_\_

**Foreign Language** Do you 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

Office Support     After-School Programming     Holiday Events

Other \_\_\_\_\_

How did you hear about St. Francis Center? \_\_\_\_\_

List other volunteer work you have done:

Please list days and times you are available

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_