

ONLINE VOLUNTEER APPLICATION



892 E. 48th Street
Los Angeles CA 90011
323-234-1471

Date of Application: _____

How were you referred to South Central LAMP? _____

Contact Information:

Name: _____
Last First Middle

Current Address: _____

Phone Number: _____ E-mail address: _____

Emergency Contact Information:

Name: _____ Phone Number: _____ Relationship: _____

Demographic Information:

Gender (Please circle): Male Female
Are you at least 16 years old? (Please circle): Yes No

Availability

What volunteer opportunity are you interested in?

_____ Food Distribution Program (Wednesdays 10:00 am- 1:00 pm)

_____ Family Literacy Program (Mondays-Fridays 8:30-1:30)

Business /School Name:

Business Association/ Name of College/University/High School: _____

Class/Course Name (if applicable): _____

Experience/Skills:

Please list any other volunteer work you have done.

List any other languages you speak and/or other skills you feel may be relevant to the services we provide:

