South Central LAMP Volunteer Application

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



Contact Informatio	n:			
First Name:		Last Name:		
Current Address:				
Phone Number:		Email Address:		
Emergency Contact	t Information:			
Name:		Phone Number:		
Relationship:				
Demographic Infor	mation:			
Gender:	Male	Female	Other	
Are you at least 16 y	ears old?:	Yes	No	
Availability:				
What volunteer opportunity are you interested in?				
Food Distribution Program (Wednesdays 10:00am-12:00pm)				
Family Literacy Program (Mondays-Fridays 8:30am-1:00pm)				
AfterSchool ST	EAM Program (Mond	days-Thursdays 2:00pm-6:00pm	n)	
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:				

By submitting this application, I affirm that all information provided is accurate and complete. I also consent to a background check and understand that a valid COVID-19 vaccine and recent TB test are required for volunteering.