



VOLUNTEER INTAKE SHEET

Name: _____

Check here if you are a High School student.

Address: _____

Contact Phone: (____) _____ - _____

City/State/Zip: _____

Email: _____

References (Other than family)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: (____) _____ - _____

Phone Number: (____) _____ - _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

SKILLS (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Teaching/Tutoring/Child Supervision:
<input type="checkbox"/> Preschool
<input type="checkbox"/> Grades K-8
<input type="checkbox"/> High School Youth
<input type="checkbox"/> Clerical (Data Entry, Filing, etc.)
<input type="checkbox"/> Environmental Services (Tree Planting, Graffiti Removal, Street Clean-ups, etc.)
<input type="checkbox"/> Specialized Skills: _____ | <input type="checkbox"/> Special Events/ Fundraising
<input type="checkbox"/> Marketing/ Public Relations
<input type="checkbox"/> Language(s) Spoken: _____
<input type="checkbox"/> Language(s) Translation: _____
<input type="checkbox"/> Technology (Web, Computer Skills, etc.) |
|---|---|

CERTIFICATIONS:

- CPR/First Aid (Check those that apply: Infant Child Adult)
- Proof of Clearance: TB Fingerprinting (required for any volunteer hours with youth)
- Other certifications: _____

AVAILABILITY: (Please indicate specific times and days you would like to volunteer. **Please note that KYCC requires 2 weeks to process all volunteers.**)

Are you volunteering to fulfill a service commitment? Yes No

If yes, how many hours do you need to fulfill? _____ by ____ / ____ / ____ (mm/dd/yy).

How many hours you would like to volunteer? _____ per week per month per year

Hours Available: (Provide exact dates if known)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						Not available

CERTIFICATION and AUTHORIZATION (Form cannot be processed without a signature.)

I certify that the information provided in the Volunteer Intake Sheet is true, correct and complete. I authorize verification of all statements contained in this Intake Sheet. I authorize former employers and/or educational institutions to provide information concerning me, and I release them from liability for providing any such information to the Koreatown Youth & Community Center.

Signature

Date

Please return Volunteer Intake Form to: KYCC, Attn: Ashley Kim, 3727 W. 6th St., Ste. 300 · Los Angeles, CA 90020	FAX to: (213) 927-0017	E-mail to: volunteer@kyccla.org
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FOR OFFICE USE ONLY:
 Received on: _____ by: _____
 Unit(s): _____
 Interview: _____ Ref #1: _____ Ref #2: _____