

# *La Familia Counseling Center, Inc.*

## **Volunteer Application**

DATE:	NAME:		
ADDRESS/CITY/ STATE/ ZIP CODE:			
PHONE/ MESSAGE NO:		CELL PHONE:	
BIRTHPLACE:		DATE OF BIRTH:	
How many hours per week are you available to work?		What Days are you available to work?	
Do you have a valid California Driver's license? If so, please provide #:		Do you have automobile liability insurance?	
If yes, name of carrier:		If no, why?	

### **EDUCATION:**

Name/Address of High School attended:	Years attended:	Did you graduate?		
Name/Address of College attended:	Years attended:	Did you graduate?		
Course of Study:		Degree(s) earned:		
Certificates and/or licenses (professional/vocational):				
Language(s) spoken	Circle please:	Speak fluently	Read fluently	Write fluently

### **WORK EXPERIENCE AND/OR COMMUNITY EXPERIENCE (List last employer first)**

EMPLOYER	TITLE	FROM/TO	REASON FOR LEAVING