

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



Danielle Rayner
Volunteer Coordinator
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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? _____

Are you inquiring about volunteering to fulfill court-mandated service? If so, please specify the offense

_____.

Please list days and times you are available

Monday Tuesday Wednesday Thursday Friday Saturday

I have read and reviewed St. Francis Center's special protocol regarding health & safety in response to COVID-19 (link sent in email).

Signature: _____

Date: _____

I hereby grant permission to St. Francis Center to use my photograph on its World Wide Web site or in any of the Center's printed publications without further consideration. I also acknowledge that St. Francis Center may choose not to use my photo at time it is taken, but may do so at its own discretion at a later date.

Signature: _____

Date: _____