

VOLUNTEER FORM

2019



Name: _____ Today's Date _____
Address: _____ Apt# _____ City _____ Zip Code _____
Home phone: () _____ Cell Phone: () _____
Email: _____ Best way to contact you? Phone E-mail Other: _____

REQUIRED

Emergency contact name: _____ Phone: () _____

When are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday AM: _____ PM: _____
 Anytime How many hours are you available per week? _____ Start Date: _____ End Date: _____

Why do you want to volunteer at the Family Justice Center?

Learn new skills Get work experience Fulfill credits for the school
 Be active in the community Help other people
 Other Reason: _____

What would you be interested in?

Center Host Interpreter
 Outreach Specialist Media Specialist
 Child Care **Background check required** Photographer/Videographer
 Navigation Assistant Other: _____

Please tell us more about your interests and skills:

Do you have any volunteer experience? If so, please specify below:

I speak fluent: English Spanish Other: _____

I write fluent: English Spanish Other: _____

Submit application to: [Andrea Rios, andrea@cocofamilyjustice.org](mailto:andrea@cocofamilyjustice.org), 925-521-6366