

City of Los Angeles Department of Recreation & Parks EXPO CENTER

Roy A. Anderson Recreation Center VOLUNTEER/MENTOR QUESTIONAIRE

Please print clearly (All information kept confidential)

Name:Date:			
Address:			
City:	State:	Zip:	
Phone:()	Email:		
Cell Phone: ()	Date of Birth:		
T-Shirt Size: S M L 1X			
How did you hear about our program?	·	·	
Why do you want to volunteer? (Examexploration, improve quality of life, care	•	· · · · · · · · · · · · · · · · · · ·	edit, career
Describe any limitations on the volunt transportation difficulties, etc.)		· · · · · · · · · · · · · · · · · · ·	
Volunteer/Community Experience:			
Special skills, interests, licenses, hobb	pies:		
I prefer:Regular weekly	Short-term projects	sWeekends/Evenin	gs
Time Available for Volunteer Work:			
Hours per day (circle preferred da	ys): M TU W T	H F SA SU	
Lorefer: Morning Afte	rnoon Evening		

EMERGENCY INFORMATION	
Emergency Contact Name:	Relationship
Phone: ()	Cell Phone: ()
Please list any allergies:	
Name all medications:	
That all services to the EXPO Cen- below signed shall not be conside employee benefits shall be available	rm volunteer service for the EXPO Center. ter are provided on a voluntary, non-salaried basis, and the ered an employee of the EXPO Center of any purpose. No ole to below signed volunteer in connection with the
performance of this agreement.	
Volunteer Signature	Date
(If Volunteer is a minor, signature of	parent/guardian) Date
EXPO Center Representative	