



Los Osos Cares Resource Center Volunteer Application

Volunteer Information

Last Name	First Name	Middle Initial	Date

Street Address	Unit Number	City	State/Zip

Phone	Email

Emergency Contact	Phone	Relationship

How did you hear about Los Osos Cares?

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List other job or volunteer experience related to Los Osos Cares Resource Center services:

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What skills do you possess that match up with the needs of LOCRC?

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Areas of Interests: (check all that apply)

<input type="checkbox"/>	Reception/Administration	<input type="checkbox"/>	Resource Center	<input type="checkbox"/>	Community Dinners
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Other

Do you have any physical limitations?	Y/N (list if yes)
Do you have a CA Driver's License?	Y/N
	CA DL #:

Our Resource Center is Open Tu-W-Th 1pm-3pm. Other programs have different days/times. Please indicate days and Times available to work:

Mon:	Tues:	Wed:
Thurs:	Fri:	Weekends:

LOCRC may conduct background checks on applicants and complies with confidentiality (HIPAA) requirements. As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I may perform on behalf of the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature	Date

Please mail application to:

**Los Osos Cares
PO Box 6602
Los Osos, CA 93412**

Or email to:

wecareinlososos@gmail.com