



Volunteer Application

Today's Date: _____
Referred By: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: Month _____ Day _____ Spouse / Partner Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: _____
(Please include area codes) cell home work

Email: _____

Your highest level of education: _____

Employer: _____ Position: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Please indicate the volunteer opportunity you're interested in (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Piggy Bank Project |
| <input type="checkbox"/> Website & Newsletter | <input type="checkbox"/> Read-a-Than |

Are there any additional skills or abilities that you would like to contribute to ISCC? _____

How did you hear about ISCC? _____

Have you volunteered for other organizations? ___ Yes ___ No (If you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

[] I would like you to send information about ISCC to the following people:

Name: _____ Email: _____

Name: _____ Email: _____

Please mail, fax or e-mail your completed application to:

ISCC

16808 Armstrong Ave., Ste. 170
Irvine, CA 92606
Fax: 949-679-3399 | info@iscc-charity.org
Tel: 949-679-9911 | http://www.iscc-charity.org/

Thank You!