

Volunteer Application

		Today's Date:		
			Referred By:	
First Name:		Last N	Last Name:	
Date of Birth: Month	Day	Spouse / Partner N	ame:	
Phone Numbers:(Please include area codes)	cell		home	
Email:				
Home Address:				
City:	State:	Zip Code:		
Employer:		Posi	tion:	
Work Address:				
City:	State:	Zip Code:		
How did you hear about IS	CC?			
Please indicate the volunte	er opportunity			
[] Special Events [] Office Help			nbership Committee Ilak Shekan Project (Piggy Bank Project)	
[] Website & Newsletter			d-a-Thon	
Are there any additional sk	ills or abilities	that you would like	to contribute to ISCC?	
Organization Name:		ons?YesNo	o (If you checked yes, please continue below)	
Describe volunteer service b	elow:			

Please email, fax or mail your completed application to:

ISCC

17155 Gillette Ave Unit B Irvine, CA 92614

Tel: 949-679-9911 | info@iscc-charity.org

Fax: 949-679-3399 | http://www.iscc-charity.org/

Thank You!