



## VOLUNTEER INTEREST FORM

### **Personal Information (required):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

### **Work Information:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Work Email: \_\_\_\_\_

### **Please describe your areas of experience (you may use the area on the back of this form to elaborate):**

- Work background skills \_\_\_\_\_
- Bilingual \_\_\_\_\_
- Typing/Computer Skills \_\_\_\_\_
- Fundraising/Special Event Experience \_\_\_\_\_
- Volunteer Experience \_\_\_\_\_

### **Please check off your areas of interest:**

\_\_\_ "Feasts from the Heart" Meal Program

\_\_\_ Pop Tab Program

\_\_\_ Individual Opportunities

\_\_\_ Special Events

\_\_\_ Wish List

\_\_\_ "Walk for Kids"

\_\_\_ Activities & Services

\_\_\_ Other \_\_\_\_\_

Please email form to [jodonnell@longbeachrmh.org](mailto:jodonnell@longbeachrmh.org) or fax (562) 285-4399 attn: Jennifer O'Donnell.