



Korean American Family Service Center

한 인 가 정 상 담 소

VOLUNTEER APPLICATION FORM

Personal Information

Name

Date of Birth (MM/DD,YYYY)

Home Address

City

State

Zip Code

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Primary Phone

Secondary Phone

Email Address

In What Areas Are You Interested In Volunteering? (check all that apply)

Consumer Affairs Hotline Food Stamp Enrollment Outreach/Speaking

Clerical Other _____

Please list any special skills or areas of expertise:

Computer:

Languages:

Fields or Areas of Expertise:

Other:

Hours of Availability

Monday

Tuesday

Wednesday

Thursday

Friday

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____