|  |  |
| --- | --- |
| Volunteer Application | 12077-lwa2Leadership Institute |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City State, ZIP  |  |
| Home Phone |  |
| Cellular Phone |  |
| Employer/OccupationOk to Call Yes No |  |
| Work Phone |  |
| E-Mail Address |  |
| Gender M F | Drivers License Number and State |
| Have you ever been convicted of a crime?Yes No  |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Administration |
| Events |
| Field work |
| Fundraising |
| Deliveries |
| Phone bank |
| Newsletter production |
| Volunteer coordination |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Volunteer Agreement and Certification of Information

Believing in the cause of the Latasha Wells Amerson Leadership Institute (LWALI) – Board Room Leadership Academy, I believe LWALI has a need for my services as a volunteer, and I AGREE:

**TO HOLD ABSOLUTELY CONFIDENTIAL** all information which I obtain directly or indirectly concerning scholars, parents, and personnel.

**THAT MY SERVICES ARE VOLUNTARILY DONATED** to LWALI without contemplation of compensation, or future employment, and given with humanitarian or charitable convictions.

I certify that the answers given by me to the foregoing question and statements are true, correct, and without omissions. I authorize LWALI to investigate and/or verify the foregoing information and any other information which may assist in determining my qualifications and suitability of volunteering. I release LWALI and all others from any liability from damage which may result from such investigation, if, upon investigation, anything contained in this application is found not to be true. I further agree to conform to the rules and regulations of LWALI. I understand that my volunteer status at LWALI can be terminated at any time for failure to comply with the policies, rules, and regulations of LWALI for absence without notification; for reasons of unsatisfactory attitude, work or appearance; and for any other circumstances which, in the judgment of LWALI, would make my continued service as a volunteer contrary to the best interest of LWALI. I UNDERSTAND THAT NO CONTRARY AGREEMENT EXCEPT BY EXPRESSED WRITTEN AGREEMENT TO THE CONTRARY SIGNED AND EXECUTED BY LATASHA WELLS AMERSON.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed application to the Latasha Wells Amerson Leadership Institute c/o Law Offices of Latasha Wells Amerson, 2271 Torrance Blvd, Suite 2, Torrance, CA 90501**

 **424-CEO-200 (424-236-2009) or 213-401-2202. Fax to 310-362-8846**