LEGACY INSTITUTE

P.O. Box 575, Monrovia, CA 91016

VOLUNTEER APPLICATION

Please Attach a Current Photo
OR a Photo Copy of Your
Passport Identification Page

_____

This Legacy Institute – Volunteer Application (herein "application") must be completed and signed by each applicant. **PLEASE PRINT IN INK.**

PERSONAL INFORMATION

Birth Date: _____/_____/_____ Sex: _____ Male _____ Female
Day Month Year

Name: _____
First Middle Last

Address: _____
Street Address City State/Province Zip/Postal

Telephone: (_____) _____ Telephone: (_____) _____

Social Security Number of Applicant: _____ - _____ - _____ Email: _____

Driver's Lic. #: _____ State: _____ Date Issued: _____

Parent or Emergency Contact: _____ Relationship: _____

(_____)_____ (_____)_____ Email: _____
Home Telephone Work Telephone

Second Parent or Emergency Contact: _____ Relationship:_____

(_____)_____ (_____)_____ Email: _____
Home Telephone Work Telephone

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EDUCATION

In chronological order please provide a history of your education. Please attach additional pages if necessary.

From - Current	Institution Attended (include address)	Degree
From - To	Institution Attended (include address)	Degree
From - To	Institution Attended (include address)	Degree
From - To	Institution Attended (include address)	Degree
From - To	Institution Attended (include address)	Degree

EXPERIENCE

In chronological order, please provide your work history, public service and organizational experience. Please attach additional pages if necessary. IMPORTANT: Inform the person you listed as supervisor that they may be contacted by Legacy Institute. Leave the telephone number section blank if you do not want the supervisor contacted.

Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

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Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

Date: _____ Type of Experience:

Supervisor's Name: _____ Telephone Number: _____

OBJECTIVES / GOALS

Please explain why you wish to be a volunteer for Legacy Institute project.

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CONTINUE

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CONTINUE

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CONTINUE

CRIMINAL RECORD

Have you ever been indicted, charged with or convicted of a crime? ○ Yes ○ No

DISCLOSURE, AUTHORIZATION AND RELEASE

The information above, and any attachments to this application, are to the best of my knowledge, accurate and complete. I authorize Legacy Institute, or its authorized agents, to make inquiries to verify the statements contained in this application. I release the Legacy Institute, its authorized agents, any person, company, or institution that provides the Legacy Institute with information concerning my back-ground, from any and all liability or claims that may result from the inquiries, use or disclosure of such information.

THE UNDERSIGNED HAS CAREFULLY READ THIS DISCLOSURE, AUTHORIZATION, AND RELEASE AND FULLY UNDERSTANDS AND AGREES WITH ALL OF THE ABOVE.

Signature of applicant: _____ Date: _____

- PLEASE ATTACH 3 LETTERS OF RECOMMENDATION FROM ADULTS WHO KNOW APPLICANT WELL (PLEASE NO PARENTS).
- PLEASE COMPLETE "HEALTH" SUPPLEMENT TO APPLICATION.
- ONLY, UPON REQUEST, COMPLETE "MEDICAL EXAMINATION" SUPPLEMENT.

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