



Volunteer Group Application

Welcome to Safe Parking LA! Thank you for your interest in volunteering with us. Please complete this application to get started. We look forward to working with you.

Please note that minors must have parent/guardian consent and adult supervision. Reach out to the Volunteer Coordinator at volunteers@safeparkingla.org with any questions. Again, Thank you!

Contact Information

First Name _____ MI _____ Last Name _____ Pronouns _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Preferred Phone _____ Phone Type: ☐ Mobile ☐ Home ☐ Work

Do you have lived experience in homelessness? ☐ Yes ☐ No ☐ Prefer not to answer

Have you or your group volunteered with Safe Parking LA before? ☐ Yes ☐ No

If so, what activities did you participate in and when? _____

Number in group _____ Any minors in your group? ☐ Yes ☐ No ☐ Not Sure

Do you have a group project in mind? (Please provide a brief description):

Group/Organization Name: _____

Group Type:

☐ Business

☐ Faith Community

☐ Neighborhood Group

☐ Service Club

☐ Other: _____

Volunteer Interests

What Volunteer activities are you interested in?

☐ Meal Provider ☐ Donation Drives ☐ Events ☐ Not Sure ☐ Other _____

How often would your group like to volunteer?

☐ One-time ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Not Sure ☐ Other _____

When is your group available to volunteer?

☐ Weekdays ☐ Weeknights ☐ Weekends ☐ Not Sure ☐ Other



Is there anything else you would like to tell us about your group?

Personal Reference

First Name _____ MI _____ Last Name _____ Pronouns _____

Address _____ Relationship _____

City _____ State _____ Zip _____

E-mail address _____

Preferred Phone _____ Phone Type: ☐ Mobile ☐ Home ☐ Work

Emergency Contact

First Name _____ MI _____ Last Name _____ Pronouns _____

Address _____ Relationship _____

City _____ State _____ Zip _____

E-mail address _____

Preferred Phone _____ Phone Type: ☐ Mobile ☐ Home ☐ Work

I certify that the above information is true and complete.

Signature Date

Minors under the age of 18 may become volunteers with the consent of a parent or legal guardian. Youth groups must obtain the signature of an adult advisor or representative. _____, a youth group, has my permission to participate in Safe Parking LA volunteer activities.

Youth Group Advisor/Supervisor _____ Title _____

Organization _____ Phone Number _____

Signature Date

Please return the completed form to the Volunteer Coordinator at volunteers@safeparkingla.org.