



Volunteer Application Form

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 _____ M.I. _____ Last Name _____ Pronouns _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Year of Birth: _____

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

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

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

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

Volunteer Interests

What volunteer activities are you interested in?

☐ Meal Provider ☐ Donation Drives ☐ Welcome Ambassador ☐ Events

☐ Admin/Office ☐ Not Sure ☐ Other: _____

Availability: ☐ Weekday ☐ Weeknights ☐ Weekends ☐ Other: _____

Location: ☐ On-site ☐ Remote Only ☐ Hybrid

Special skills and certifications: _____

How did you learn about Safe Parking LA? _____

Please list any physical or sensory limitations (note that volunteers will need to pick up objects, at times, over 25 lbs):



Please list anything else that you may feel is important to know about you as a volunteer:

Personal reference

First Name _____ M.I. ____ Last Name _____ Pronouns _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Relationship: _____

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

Emergency contact

First Name _____ M.I. ____ Last Name _____ Pronouns _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Relationship: _____

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 from a parent or Legal guardian.

_____, a minor, has my permission to participate in Safe Parking LA volunteer activities.

Name of Parent/Legal Guardian: _____ Phone: _____

Parent/Legal Guardian Signature

Date

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