



## OPERATION PROGRESS VOLUNTEER INTEREST FORM

Thank you for your interest in volunteering with Operation Progress L.A.! In an effort to protect children, youth, adults, and the volunteers who serve those populations, all volunteers must complete an interest form, consent to a background check and participate in an interview process. When completed, submit this form to Program Manager, Tracey Chhuor at [tchhuor@operationprogressla.org](mailto:tchhuor@operationprogressla.org).

If you have questions, contact Tracey by phone at 323-749-0699.

### GENERAL INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Select One:  Male  Female

### JOB INFORMATION:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Current Responsibilities and Schedule:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER HISTORY:

Current/Previous Volunteer Experience:  
\_\_\_\_\_

### VOLUNTEER INTEREST:

Availability (select all that apply):  Days  Evenings  Weekdays  Weekends

Select any activities for which you are interested in volunteering:

Events  Service  Programs  Fundraising  Tutoring  Mentoring

Can you make a one-year commitment?  Yes  No

Do you have your own transportation?  Yes  No

Why would you like to volunteer for Operation Progress L.A.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What tools and skills would you bring to Operation Progress L.A.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BACKGROUND CHECK:

Have you ever been charged with, convicted of or pled guilty to a crime?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consent to a national background check?  Yes  No



## SAMPLE VOLUNTEER INTEREST FORM

### REFERENCES:

Please list three personal references to be contacted. (Do not provide a reference who is related to you by blood or marriage.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Program USE ONLY:

Applicant contacted?

Yes (attach copy of communication) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

References contacted?

Yes (attach copy of communication) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Background check completed?

Yes Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Passed?  Yes  No

STAFF notified?

Yes (attach copy of communication) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Follow-up action:

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

Printed Name and Title: \_\_\_\_\_