



Application can be submitted by scan and email, postal service, or dropped off at our Center.

**GENERAL**

Name (*First/Middle/Last*): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: (*Month/Day/Year*): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent or Legal Guardian Name: \_\_\_\_\_

**EMERGENCY CONTACT – Individual to be notified in case of emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Minors under the age of 16 who are interested in volunteering at *LACASA Collection*, our resale boutique, must be accompanied by an adult, unless authorized by LACASA’s Volunteer Engagement Manager. The accompanying adult will be responsible for supervising the minor at all times while volunteering.

For Minors under the age of 16 volunteering at *LACASA Collection*, who will be accompanying this child?

Name Relationship Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

**PARENTAL PERMISSION**

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_  
(parent or legal guardian) (name of minor)  
to volunteer with those listed above at LACASA.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**EDUCATION – Where do you go to school?**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Graduation Year

**VOLUNTEER EXPERIENCE**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Volunteer Duties/Responsibilities

\_\_\_\_\_  
Dates

**QUESTIONNAIRE**

1. How did you hear about LACASA?
  
  
  
  
  
  
  
  
  
  
2. Why do you want to volunteer for LACASA?