



of Greater Los Angeles

Girls Incorporated of Greater Los Angeles
445 S. Figueroa St. Floor #31
Los Angeles, CA 90071

Inspiring all girls to be strong, smart and bold!

Volunteer Application

What kind of volunteership are you interested in? Please select one from the following. Guest Speakers and Workshop Facilitators, please complete parts A, C and D only. All other volunteer applicants must complete parts A, B, and D only.

Table with 4 rows and 2 columns. Row 1: Virtual Programs Volunteer vs Girls Inc. Ambassador Volunteer. Row 2: Guest Speaker vs Guest Workshop Facilitator. Row 3: Operations Volunteer vs Classroom/ Program Volunteer. Row 4: Bold Future Mentor vs Bold Future Mentor.

PART A

Name: _____
First Name M.I. Last Name

Address: _____
Street City State Zip Code

Phone: Mobile: _____ Home: _____ Email: _____

Current Employer/Organization: _____ Position: _____

Do you have any medical conditions we should be aware of? Circle one. YES NO

If yes, please explain:



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What age bracket do you fall into? (This is for end of the year data reporting purposes only).

- 13-17 18-30 31-64 65 and above

How did you hear about Girls Inc. of Greater Los Angeles?

- Girls Inc. LA Staff Friend Girls Inc. LA website Instagram Facebook Tik Tok
 Girls Inc. Alumni Other: Please specify _____

PART B

Education:

High School Attended/Attending:

Name of School	Grade	Graduation Date
_____	_____	_____
_____	_____	_____

Colleges/Universities Attended/Attending:

Name of School	Degree	Major(s)	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T-Shirt Size: _____

Please indicate any languages other than English you are able to speak, read, and or write.

Language(s)	Speak	Read	Write
	__ Fluent __ Intermediate __ Beginner	__ Fluent __ Intermediate __ Beginner	__ Fluent __ Intermediate __ Beginner
	__ Fluent __ Intermediate __ Beginner	__ Fluent __ Intermediate __ Beginner	__ Fluent __ Intermediate __ Beginner

Please specify when you are available to volunteer during the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time/Hours					

Age Preference: Any Age 9 - 11 12 -14 15 -18



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Tell Us About Yourself

(If you need additional space to provide your responses, please attach an additional sheet of paper to this form)

1. Have you had any previous volunteer experience? If so, with what organizations? What type of work?

2. Why have you chosen to volunteer with Girls Inc.? What do you hope to gain as a volunteer?

3. Describe your job and how and why did you choose this field?

4. What are some goals you have set for the future?

5. What other areas of interest do you have?



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REFERENCES

Please list at least two professional or academic references that can speak about your volunteer or work experience and/or abilities:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PART C

What is the topic of your presentation?

How does your presentation contribute to inspire girls to be strong, smart, and bold?

How much time is needed for the presentation?

What age group is this presentation for? Any Age 6 - 8 9 - 11 12 -14 15 -18

What date are you aiming to implement the presentation? _____

What resources will you need access to (i.e. projector, presentation space/furniture arrangement, speakers, etc.)?



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PART D

- I agree to comply with the policies outlined in the **Girls Incorporated of Los Angeles Volunteer Handbook**.
- I understand that the organization may at any time, for whatever reason, **discontinue the volunteer service relationship**.
- **Qualified applicants are considered without discrimination based upon race, ethnicity, national origin, age, religious preferences, or disabilities.**
- **By signing this application, I certify that the above information is true and accurate to the best of my knowledge.**

Name (Please print)

Signature

Date

Please email this application to: volunteers@girlsincla.org