



CHLA's Injury Prevention Program
iPrevent Volunteer Application 2015

Please type or print legibly

Date:

Last Name: First Name: Middle:
Street Address: Apt or Suite Number:
City: State: Zip Code:
Home Telephone Number: Cell Telephone:
E-mail Address:

Name of person to contact in case of an emergency:
Relationship: Telephone Number:

Information about your education: (Please fill in based on your current level of education.)

I have completed: High School Some College College

\*If applicable, please denote what academic year you are in currently:

Freshman Sophomore Junior Senior

\*If applicable, please list the college that you have or are attending now:

Area of focus:

I have completed or am finishing Graduate School:

\*If applicable, please list the Graduate School that you have or are attending now:

Area of focus:

I need volunteer hours for school/college credit: If yes, how many?

Information about your employment:

Current Employer: Position:

Address: Phone:

How did you hear about volunteering at CHLA's Injury Prevention Program? Please check which one applies:

CHLA lobby booth CHLA Website A CHLA employee

Work School/College

Other (please explain)

Information about your volunteer interests:

Please briefly describe why you are interested in volunteering at CHLA:

[Blank lines for describing volunteer interests]

Information about your interests/skills/experience:

Which area(s) would you prefer to volunteer: (Please check all that apply)

LA Street Smarts PowerPoint presentations

Health Fairs/educational booths Other (please specify)

**Knowledge of Foreign Languages:**

Please list the language and indicate your skill level as follows: B=Basic I=Intermediate F=Fluent

---

---

Please list your experiences or skills that relate to the preference indicated previously:

---

---

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

---

---

---

---

**Availability:**

Day(s) of the week:  Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday  Sunday

Shift(s):  Morning  Afternoon  Evening

**References:**

Please provide 2 people we may contact (Other than relatives or employer) who have known you for more than two years. Local references preferred.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Are you available to attend the next volunteer orientation on \_\_\_\_\_ from \_\_\_\_pm to \_\_\_\_pm?

Yes  No

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Children’s Hospital Los Angeles. I have read and understand the above and by my signature consent to these statements.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Thank you for completing the volunteer application! Please remit the completed application to:

Helen Arbogast, MPH, CPSTI | Manager, Injury Prevention

Trauma Program | Children's Hospital Los Angeles

4650 Sunset Blvd. MS #85 | Los Angeles, CA 90027

Ph: 323-361-4697 | Pgr: 213-209-6953 | Fax: 323-361-7305 | [harbogast@chla.usc.edu](mailto:harbogast@chla.usc.edu)