



# Heal the Bay | Office Volunteer Application

Full Name				Today's Date	
Are you currently a Heal the Bay member or volunteer?	YES	NO	If so, in what capacity?		

## Contact Information

Cell Phone	( )	Address			
Home Phone	( )	City	State	CA	Zip
Work Phone	( )	Birth Date			
E-mail					

## Emergency Contact Information

Contact	Home Phone	( )
Relationship	Cell or Work Phone	( )

## Place of Employment / School

Place of Employment / School												
Are you currently in school?	Middle School			High School				College				
If so, what level?	6	7	8	9	10	11	12	Fr	So	Jr	Sr	Grad

❶ How did you hear about Heal the Bay?

❷ Why would you like to volunteer with Heal the Bay? Are you volunteering for community service? If so, how many hours do you need to fulfill?

❸ Please list any office skills you could contribute. What are your data entry skills? What computer programs are you familiar with? Do you have previous volunteer or office experience?

## Volunteer Commitment Agreement. *(Please initial next to each statement)*

	As a volunteer, I will be dependable, reliable, respectful, and professional while representing Heal the Bay.
	As a volunteer, I will be responsible for arriving on time, following directions, and completing assigned tasks.
	I understand that if I do not act with proper conduct while volunteering, I will be asked to discontinue my volunteer service.
Applicant's Signature	X
Parent's Signature (if under 18)	X

**Please drop off application to:** Volunteer Coordinator, Heal the Bay, 1444 9<sup>th</sup> Street, Santa Monica, CA 90401

Volunteer office hours are Wednesday afternoons from 1:30 PM – 5:00 PM.  
All volunteers are required to RSVP each week. Call (310) 451-1500 x 145.

*Thank you for your interest in volunteering with Heal the Bay.*