



Sickle Cell Disease Foundation of California

YOUTH VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____ Female Male

Address: _____ City/St/Zip: _____

Phone: () _____ () _____ () _____
Home Work Cell

Email: _____

School: _____ Grade: _____

Parent/Guardian: _____ Mother Father

Address: _____ City/St/Zip: _____

Phone: () _____ () _____ () _____
Home Work Cell

Email: _____

Hobbies/Interests: _____

Community Involvement/Volunteer History: _____

Do you speak the following languages FLUENTLY? English Spanish

Have you ever been convicted of a felony? Yes No (if yes, please attach an explanation)

Are you available for an interview? Yes No (if no, please state reason): _____

Is volunteer service required for your school/service club? Yes No If yes, how many hours? _____

Method of Transportation to & from events: I have a car Parent will provide transportation

Public Transportation Other: (specify) _____

Personal/Professional References:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Emergency Contacts:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Volunteer Opportunities are available for the following events
(please check all areas of interest)

On-going activities:

- In office mailings**
- Health Fairs** *(distribute materials to participants)*
- Advocacy Work** *(petition drives, assisting with legislative support, etc.)*
- Fund Raising**
 - Sponsor solicitation
 - In-kind gift solicitation
 - Follow-up telephone calls
- Together We Can! Learning Center** *(Weekdays & Saturdays in SCDFC office)*
 - Tutors *(work directly with children in reading, writing, math, etc.)*

Seasonal Activities:

- Camp Crescent Moon** *(July – one week)*
 - Counselor (mandatory attendance at all training sessions)
 - Program Specialist (mandatory attendance at all training sessions)
 - Floater (mandatory attendance at all training sessions)
 - Registration (day of camp only)
- Annual Golf Tournament** *(September)*
 - Registration (on-site) Mailings (in office) Materials assembly (in office)
- Thanksgiving Food Drive** *(November)*
 - Basket Preparation Basket Distribution
- Christmas Activities** *(December)*
 - Holiday Basket Preparation Gift Wrapper Basket Distribution
 - Children's Christmas Party

Please list days and hours of availability

- Monday: from: _____ to: _____
- Tuesday: from: _____ to: _____
- Wednesday: from: _____ to: _____
- Thursday: from: _____ to: _____
- Friday: from: _____ to: _____
- Saturday: from: _____ to: _____
- Sunday: from: _____ to: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please mail completed application to:

Sickle Cell Disease Foundation of California (SCDFC)
6133 Bristol Parkway, #240, Culver City, CA 90230
Phone (310) 693-0247 • Fax (310) 693-0266
Email: info@scdfc.org • website: www.scdfc.org

