



**Puente Hills
Habitat Preservation Authority**
Endowment Provided by the Puente Hills Landfill

Volunteer Application

A. PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____
street city postal code

Telephone: Home: _____ Cell: _____

E-mail: _____ Fax: _____

Emergency Contact:
(Name/Number): _____

B. INTERESTS AND AVAILABILITY

1. Please check any of the following that are of interest to you:

- | | | |
|---------------------------------------|------------------------------------|---|
| <input type="radio"/> Hiking/Walking | <input type="radio"/> Teaching | <input type="radio"/> Wildlife |
| <input type="radio"/> Special Events | <input type="radio"/> Working with | <input type="radio"/> Computers |
| <input type="radio"/> Crafts | Children | <input type="radio"/> Fundraising |
| <input type="radio"/> Writing/Editing | <input type="radio"/> Office work | <input type="radio"/> Native Amer.
Culture |

2. Please list any other interests or hobbies _____

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3. Please indicate the times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
AM						
PM						

4. How much time do you have to volunteer: per week_____ per month_____

C. EXPERIENCE/SKILLS/EDUCATION

1. Previous or current volunteer experience:_____

2. Any special certificates/educational degrees:_____

3. Memberships/ interest groups:_____

4. Any additional information about yourself:_____

D. VOLUNTARY INFORMATION

Insurance: _____

(Doctor's Name/Number): _____

Special Needs: _____

Languages Spoken: _____

Date of Last CPR Certification: _____ Not Sure

_____ I need to be (re)certified

Date of Last First Aid Certification: _____ Not Sure

_____ I need to be (re)certified

E. MOTIVATION/GOALS

1. How did you hear about volunteering for the Habitat Authority?

2. Why do you want to volunteer for the Habitat Authority?

3. What do you hope to get from volunteering for the Habitat Authority?

*Signed _____ Date _____
Participant

* May be signed in person during Orientation.

Please email this application to hcohen@habitatauthority.org or fax to (562) 945-0303