



LEGACY INSTITUTE

P.O. Box 575, Monrovia, CA 91016

VOLUNTEER APPLICATION

Please Attach a Current Photo
OR a Photo Copy of Your
Passport Identification Page



This Legacy Institute – Volunteer Application (herein “application”) must be completed and signed by each applicant. PLEASE PRINT IN INK.

PERSONAL INFORMATION

Birth Date: ____/____/____ Sex: ____ Male ____ Female
Day Month Year

Name: _____
First Middle Last

Address: _____
Street Address City State/Province Zip/Postal

Telephone: (____) _____ Telephone: (____) _____

Social Security Number of Applicant: _____ - _____ - _____ Email: _____

Driver's Lic. #: _____ State: _____ Date Issued: _____

Parent or Emergency Contact: _____ Relationship: _____

(____) _____ (____) _____ Email: _____
Home Telephone Work Telephone

Second Parent or Emergency Contact: _____ Relationship: _____

(____) _____ (____) _____ Email: _____
Home Telephone Work Telephone

EDUCATION

In chronological order please provide a history of your education. Please attach additional pages if necessary.

From - Current

Institution Attended (include address)

Degree

From - To

Institution Attended (include address)

Degree

From - To

Institution Attended (include address)

Degree

From - To

Institution Attended (include address)

Degree

From - To

Institution Attended (include address)

Degree

EXPERIENCE

In chronological order, please provide your work history, public service and organizational experience. Please attach additional pages if necessary. **IMPORTANT:** Inform the person you listed as supervisor that they may be contacted by Legacy Institute. Leave the telephone number section blank if you do not want the supervisor contacted.

Date: _____

Type of Experience:

Supervisor's Name: _____

Telephone Number: _____

Date: _____

Type of Experience:

Supervisor's Name: _____

Telephone Number: _____

Date: _____

Type of Experience:

Supervisor's Name: _____

Telephone Number: _____

