



## VOLUNTEER APPLICATION

Date submitted: \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Education background, special training or work experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Interests and abilities:**

\_\_\_\_\_

**Affiliations (civic, cultural, and philanthropic) and positions held:**

\_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**\*\*\*For Membership Vice President Only\*\*\***

Date entered as Voting Member: \_\_\_\_\_

Date entered as Non-Voting Member: \_\_\_\_\_

42544 10th Street West, Ste. B  
Lancaster, California 93534  
Telephone (661) 949-6790

[www.alav.org](http://www.alav.org)  
TAX ID #95-2047336