



Volunteer Application

Thank you for your interest! Please complete this form and fax it to (213) 630-1158 or email monica@coalitionforcleanair.org

Contact Information

Name _____ Phone _____

Street Address _____

City/St/Zip _____

Email _____

Emergency Contact & Phone _____

Availability

During which hours are you available for volunteer assignments?

____ Weekday mornings ____ Weekday afternoons ____ Weekday evenings

____ Weekend mornings ____ Weekend afternoons ____ Weekend evenings

Interests

Which areas are you interested in?

____ Administration ____ Tabling at Events ____ Advocacy /Research

____ Fundraising ____ Communications ____ Graphic Design

Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, volunteer work or other activities.