



**Family Service Agency of Burbank**  
*Making Families Last by putting Families First.*  
Est. 1953

**Family Service Agency of Burbank**  
**Volunteer Application**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
School you are currently attending

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Title

How did you hear about our program? \_\_\_\_\_

Have you had prior experience working as a volunteer in a Non-profit agency?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a client of this agency? If so, what services did you receive?  
\_\_\_\_\_

Why do you want to volunteer with us? \_\_\_\_\_

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Please describe how you react in emergency situations? \_\_\_\_\_

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Have you ever been arrested? If yes, please explain \_\_\_\_\_

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I would like to volunteer in the following areas:

- Children
- Elderly
- Battered Women and their children
- Veterans
- Fundraising
- Mailings
- Researching
- Clerical
- Moving furniture
- Cleaning
- other: \_\_\_\_\_

Additional areas of interest? \_\_\_\_\_

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What skills do you have? Please include vocational as well as hobbies and talents? \_\_\_\_\_

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Is there anything else that you would like to share with us? \_\_\_\_\_

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\*Some volunteer positions at FSAB will require fingerprinting prior to any actual volunteer service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return application to:

Christine Ramos, Director  
Family Service Agency of Burbank  
2721 W. Burbank Blvd.  
Burbank, CA 91505

Or fax to (818) 845-7671