



Hip-Hop Help Volunteer Form
P.O. Box 1091
Camarillo CA. 93011

Parents and Volunteers: Please be assured that all information on this form is kept strictly confidential. Please fill out the form completely and legibly. All information ask for is required for our records. Thank you for your service.

Volunteer Information

Last Name _____ First Name _____ Phone _____
Mailing Address _____ City _____ State _____ Zip _____

Under 18 Parental Permission:

If you are under the age of 18, a parent/legal guardian must sign the following permission:

I _____ parent/legal guardian grant permission for _____ to
volunteer for Hip-Hop Help.

Parent/Legal Guardian Signature: _____ Date: _____

Type of Volunteer Work Interested in Performing:

Office Admin _____ Event _____ Instructor/Teen Programs _____ (Class _____)(Musical _____) Professional Service _____

Availability:

Monday _____ Hours _____
Tuesday _____ Hours _____
Wednesday _____ Hours _____
Thursday _____ Hours _____
Friday _____ Hours _____
Saturday _____ Hours _____
Sunday _____ Hours _____

Volunteer Experience and Education

Education

(Highest level completed or current) High school (list grade) _____ Technical School _____
Some College _____ College _____ Graduate _____ Professional Training _____ Other _____
Group/Organization/Fraternity Affiliation: _____

Experience

Company/Organization _____ Month/Year _____
Work Performed _____
Street Address _____ City/State _____ Zip _____
Immediate Supervisor _____ Phone _____

For question please contact Hip-Hop Help by email: info@hiphophelp.org or visit our site: www.hiphophelp.org