



Administrative Angels APPLICATION FORM

Name: _____

Address: _____

City and State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Birth date: _____ Email: _____

Which days are you able to volunteer at the Music Center?

Monday Tuesday Wednesday Thursday Friday

Please provide the times which you are available on indicated days:

Mornings Afternoons

Please mark which assignments you are able and willing to do:

<input type="checkbox"/> filing	<input type="checkbox"/> telephone work
<input type="checkbox"/> mailing (stuff, fold, label)	<input type="checkbox"/> typing
<input type="checkbox"/> photocopying	<input type="checkbox"/> internet
<input type="checkbox"/> sorting materials	<input type="checkbox"/> computer data entry
<input type="checkbox"/> assembling packets	<input type="checkbox"/> computer word processing

Person to contact in case of emergency:

Name: _____

Relation: _____

Address: _____

Phone: (____) _____

Please note that we request 20-30 logged hours per campaign year (July - June) to be eligible for full Administrative Angel events and privileges.

Please return this form to:

Volunteer Office
Music Center
135 N. Grand Avenue
Los Angeles, CA 90012