



## VOLUNTEER/BOARD MEMBER APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: http:// \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 If a student applying for student internship, please complete the following:  
 University/School: \_\_\_\_\_ Academic Advisor Name: \_\_\_\_\_  
 Advisor Email: \_\_\_\_\_ Advisor Area Code and Phone: \_\_\_\_\_  
 Licenses and Certificates: \_\_\_\_\_

Please state why you want to serve our organization how your training, experience or education can benefit our organization . Please attach a resume or CV or bio.

Please check all of the ways you can assist the organization:

<input type="checkbox"/> Advisory Committee (will contact you as needed).	<input type="checkbox"/> Board of Directors  (2 year commitment; meets via meeting, and conference call quarterly).	<input type="checkbox"/> Student Intern  Major: _____ Degree: _____
<input type="checkbox"/> Volunteer Doula/Breastfeeding Counselor	<input type="checkbox"/> Administrative Support to CEO	<input type="checkbox"/> Fundraising/Event Planning & Execution
<input type="checkbox"/> Legal/Paralegal	<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Technology Support (A/V)
<input type="checkbox"/> Grant writing/scouting	<input type="checkbox"/> Training Logistics	<input type="checkbox"/> Publicity/PR
<input type="checkbox"/> Community Engagement/Outreach	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Teaching courses for professionals or community members

Other (specify): \_\_\_\_\_

Please send, email or fax this document to:  
 3655 S. Grand Ave. Suite 260 Los Angeles, CA 90007 | Telephone/Fax: 626.388.2191  
 Email: [Cordelia.hanna@motherbabysupport.net](mailto:Cordelia.hanna@motherbabysupport.net)