



A voice and a hub for the Latino community
as we advocate on behalf of our people
and work to achieve social justice.

Volunteer Group Interest Form

Name of group, business or organization: _____

Approximate number of people in group: _____

Will any youth under the age of 18 be attending? Yes No

If yes, how many? _____

How many adult supervisors will be present? _____

Date and Time Desired (Please list top three choices):

Month	Day	Start and End Time AM/PM

Have you volunteered with El Centro de la Raza before? No Yes

If yes, when? _____

What did kind of volunteer work did you do? _____

What is your work interest? What do you hope to accomplish?

Person to Contact

Name:

Phone:

E-mail:

Please return this group application to: volunteer@elcentrodelaraza.org or

*El Centro de la Raza
Attn: Volunteer Coordinator
2524 16th Ave South Room 304
Seattle, WA 98144*

Office Use Only

Approved

Confirmed date and time _____

Placement/Project _____

Staff/Supervisor _____

Waiver forms collected

Hours entered into database