

# THE JUST US SHOW

## Volunteer Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYMENT & EMPLOYER \_\_\_\_\_

PHONE H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PH \_\_\_\_\_

Where did you hear about **The Just Us Show** and our volunteer opportunities?

\_\_\_\_\_

If you have a disability, what accommodations would you need to do this volunteer position?

\_\_\_\_\_

When are you available to volunteer?

Time of Day:

Day of the Week:

How often per month:

What skills, training or knowledge do you wish to utilize?

I hereby attest that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please print, complete and mail form to:

The Just Us Show  
528 S. Wall St. Suite #302  
LA, CA 90013  
Tel: (213) 624-1384

Thank You!