



End of Life Choices California Volunteer Application

Name _____ Date _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

(please circle preferred phone for contact)

Email Address: _____

Are you comfortable with computer technology? _____

Age range: ___ 18-29 ___ 30-49 ___ 50-69 ___ 70+ Gender _____

What interests you about volunteering for End of Life Choices California?

What kind of time commitment would you like to make?

Have you recently experienced the death of a friend or family member? If so, when?

Describe the skills and experience you would like to bring to End of Life Choices California. Feel free to attach an additional page to this application if necessary.

Are you affiliated with or interested in joining other end-of-life organization(s)? If so, which?

Skills and Interests:

- | | |
|---|---|
| <input type="checkbox"/> Hosting or planning an event | <input type="checkbox"/> Social Media Participation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Hosting an education table at a fair or convention |
| <input type="checkbox"/> Data Entry & Office Support | <input type="checkbox"/> Distributing brochures or magazines |
| <input type="checkbox"/> In-person or phone support of terminally ill clients | <input type="checkbox"/> Writing or Editing projects |
| <input type="checkbox"/> Public Speaking | |

Languages you speak fluently: _____

Professional experience, volunteering experience and/or degrees:

Would you like to introduce End of Life Choices California to any professional, religious, cultural or social organizations to which you belong?

Please scan & email this application to info@endoflifechoicesca.org

or mail to: 78-365 Highway 111, #132 - La Quinta, CA 92253

Thank you for your interest in End of Life Choices California!

We look forward to responding to your application.