

**VOLUNTEER APPLICATION
WORKSHOP ASSISTANT**

DATE _____

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

OCCUPATION _____ EMPLOYER/SCHOOL _____



I PREFER TO RECEIVE MY PHONE CALLS AT _____ HOME _____ WORK BEST TIME _____

I HEARD ABOUT KIDS' TURN THROUGH _____

I AM INTERESTED IN PARTICIPATING BECAUSE _____

WORK/RELATED EXPERIENCE _____

HOURS AVAILABLE:

WEEKDAY EVENINGS _____ SATURDAY MORNINGS _____

I WOULD LIKE TO BE CONSIDERED FOR A STIPEND (\$14 PER SESSION) IF ONE IS AVAILABLE:

YES _____ NO _____

COMMENTS _____

**PLEASE RETURN APPLICATION FORM TO AMY MILLER AT:
KIDS' TURN, 1242 MARKET STREET, 2ND FLOOR, SAN FRANCISCO, CA 94102
OR FAX/EMAIL: 415-437-0796; kidsturn2@sbcglobal.net
FOR FURTHER INFO, CALL 415-437-0700 OR 510-835-8445; www.kidsturn.org**