



**VOLUNTEER APPLICATION**

Thank you for your interest in volunteering with Starlight Children's Foundation!  
We look forward to working with you as we fulfill our mission of helping seriously ill children and their families cope with their pain, fear and isolation through entertainment, education and family activities. Please help us by completing the information below and returning it to Starlight.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Email Address: \_\_\_\_\_

**WORK OR VOLUNTEER REFERENCES**

Organization / Agency: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization / Agency: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**VOLUNTEER PREFERENCES**

I am interested in the following areas (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative Support                   | <input type="checkbox"/> *Providing Professional Services      |
| <input type="checkbox"/> Advocacy, Promotion & Public Speaking    | <input type="checkbox"/> Soliciting Ticket & Product Donations |
| <input type="checkbox"/> Attending and Assisting at Family Events | <input type="checkbox"/> Virtual Volunteering                  |
| <input type="checkbox"/> Fundraising Opportunities                |  |

\*If you selected "Providing Professional Services," please indicate your specialty below: (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Arts and Crafts       | <input type="checkbox"/> Foreign Language Fluency |
| <input type="checkbox"/> Catering              | <input type="checkbox"/> Graphic Design           |
| <input type="checkbox"/> Display & Decorations | <input type="checkbox"/> Performing Arts          |
| <input type="checkbox"/> DJ                    | <input type="checkbox"/> Photography              |
| <input type="checkbox"/> Entertainment         | <input type="checkbox"/> Videography              |
| <input type="checkbox"/> Event Planning        | <input type="checkbox"/> Other                    |

**Please explain or expand on your experience and add any additional experience not listed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE WITH CHILDREN'S PROGRAMS**

Please expand on your experience with children and/or with seriously ill children. Related experience can be as a result of volunteer, job or personal knowledge.

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**GEOGRAPHIC LOCATIONS**

Please select the city you would like to volunteer for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Austin, TX       | <input type="checkbox"/> Boston, MA        | <input type="checkbox"/> Dallas/Fort Worth, TX |
| <input type="checkbox"/> Jacksonville, FL | <input type="checkbox"/> Houston, TX       | <input type="checkbox"/> Las Vegas, NV         |
| <input type="checkbox"/> Minneapolis, MN  | <input type="checkbox"/> Los Angeles, CA   | <input type="checkbox"/> Manchester, NH        |
| <input type="checkbox"/> Phoenix, AZ      | <input type="checkbox"/> Orange County, CA | <input type="checkbox"/> Orlando, FL           |
| <input type="checkbox"/> San Diego, CA    | <input type="checkbox"/> Portland, OR      | <input type="checkbox"/> San Antonio, TX       |
| <input type="checkbox"/> St. Louis, MO    | <input type="checkbox"/> San Francisco, CA | <input type="checkbox"/> South Florida, FL     |
| <input type="checkbox"/> Atlanta, GA      |  |  |

**AVAILABILITY**

Please indicate how often you would like to help:

- Yearly
- Monthly
- Weekly

Which time frame best describes your availability?

- Weekdays
- Weeknights
- Weekends

**HOW DID YOU HEAR ABOUT US?**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Craigslist.org | <input type="checkbox"/> Facebook.com | <input type="checkbox"/> Idealist.org       |
| <input type="checkbox"/> Starlight.org  | <input type="checkbox"/> Twitter.com  | <input type="checkbox"/> VolunteerMatch.org |
| <input type="checkbox"/> Word of Mouth  | <input type="checkbox"/> Other        |   |

If other, please explain:

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Please send your completed application back to:

**Jessie Jacobson**  
**Program Coordinator**  
**Starlight Children's Foundation**  
**5757 Wilshire Blvd., Suite M-100**  
**Los Angeles, CA 90036**  
**310.479.1212 phone**  
**310.479.1235 fax**

*For Starlight use:*

Date of Application: \_\_\_\_\_

Received By: \_\_\_\_\_

Called References: \_\_\_\_\_

Criminal Background Form received: \_\_\_\_\_

Criminal Background check completed: \_\_\_\_\_