

VOLUNTEER APPLICATION



Mitchell Thorp
Foundation

Mail to: Mitchell Thorp Foundation
1024 Whimbrel Ct
Carlsbad, CA 92011
FAX to: (760)-603-8923

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (Home) _____ (Cell) _____

(Business) _____

E-mail Address: _____

Occupation: _____

For Students: School: _____

Grade: _____ Graduation Yr. _____

Parents Signature: _____ Date: _____

(Required for children 17 years of age or younger)

Areas of interest or special skills: _____

Type of Volunteer work you are interested in: _____

Volunteer work experience: _____

Is there a particular event you'd like to help with? _____

Which event? _____

Availability: Daytime() Evenings() Weekends() Anytime()

Confidentiality Policy: I understand and accept Mitchell Thorp Foundation policy of confidentiality which specifically requires me not to disclose a client's name, problem or any other information that may come to my attention while performing any work on behalf of or for Mitchell Thorp Foundation.

Signature: _____ Date: _____