

King Compassion LLC

Volunteer Contact Information

Email: kingcompassionllc@gmail.com

Name: First _____ Last _____

Address _____ City _____ CA _____ Zip _____

Email _____

Primary Phone _____

Do you have a valid driver's license? Yes ____ No ____

Volunteer Areas of Interest

Location – Which locations could you work at?

[] Bakersfield",

Do you speak any languages other than English? Yes ____ No ____

What skills and qualifications do you have that would benefit our organization?",

What other organizations have you volunteered for?",

How did you find out about our volunteer program?",

Why are you interested in volunteering for our organization?",

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