

GO-OP Interest Form

8929 S. Sepulveda Blvd., Suite #400
Los Angeles, CA 90045
Ph. 310-649-1016 Fx. 310-649-1034

PERSONAL INFORMATION:

Name: _____	Date of Birth: _____	
Other Name(s): _____	Male: _____	Female: _____
Address: _____	_____	_____
<i>Address</i>	<i>City</i>	<i>Zip</i>
Phone #: _____	Cell#: _____	
Website Address: _____	E-mail: _____	
<i>If Applicable</i>		

HIGHEST EDUCATIONAL/PROFESSIONAL BACKGROUND:

School Attending/ed: _____	
Diploma/Degree Earned: _____	Major: _____
	<i>If Applicable</i>
Date of Graduation: _____	Minor: _____
<i>Or Expected Date</i>	<i>If Applicable</i>
Employer: _____	Hours Worked Per Week: _____
Position: _____	Work Phone #: _____

PLACEMENT INTEREST

Area(s) of Service <i>(Please indicate the areas in which you wish to work with CO-OP):</i>		
___ Employment	___ Referral Assistance	___ Board of Directors
___ Internship	___ Partnerships	___ Advisory Committee
___ Volunteer Service	___ Mentoring	___ Legal Services
___ Fundraising	___ Counseling	___ Career <i>(Planning/Training)</i>
___ Sponsorships	___ Advocacy	___ Computer <i>(Access/Training)</i>
___ Financial Support	___ Transportation	___ In-Kind Contributions
___ <i>Other (Please List):</i>	_____	
