

ORANGE COUNTY SUPERVISOR DOUG CHAFFEE **FUTURE LEADERS PROGRAM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

HIGH SCHOOL: _____

SCHOOL YEAR: _____ EXPECTED GRADUATION: _____

EMERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

FOOD ALLERGIES: _____

1. VOLUNTEER EXPERIENCE (NO EXPERIENCE NECESSARY)

ORGANIZATION	DUTIES	DATES / FROM-TO
EXAMPLE: Red Cross	Volunteer	10/5 - 12/5, 2018

2. SPECIAL SKILLS / STRENGTHS

3. INTERESTS / HOBBIES / GOALS
