



CLIMB VOLUNTEER FORM

NAME _____ GENDER: Male Female
FIRST LAST

E-MAIL ADDRESS _____ PHONE _____

OCCUPATION _____ COMPANY _____

AFFILIATIONS & ORGANIZATIONS _____

COMMENTS _____

PROGRAMS

- | | |
|--|--|
| <input type="checkbox"/> CLIMB Business Academy | <input type="checkbox"/> Paradigm Mentoring Program |
| <input type="checkbox"/> CLIMB Youth Basketball Camp | <input type="checkbox"/> Youth Motivation Task Force |
| <input type="checkbox"/> Dual-Language Program | <input type="checkbox"/> The Gift of Giving |
| <input type="checkbox"/> CLIMB Youth Performing Arts Academy | <input type="checkbox"/> Corporate Exposure Program |

FUNDRAISERS

- | | |
|--|--|
| <input type="checkbox"/> CLIMB Charity Softball World Series | <input type="checkbox"/> CLIMB Leadership Awards Banquet |
| <input type="checkbox"/> Holiday Gala | <input type="checkbox"/> Social Fundraiser Mixer |

COMMITTEES

- | | |
|---|---|
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Communications Committee |
| <input type="checkbox"/> Event Planning Committee | <input type="checkbox"/> Public Policy Committee |
| <input type="checkbox"/> Health Committee | <input type="checkbox"/> Professional Development Committee |
| <input type="checkbox"/> Outreach Committee | <input type="checkbox"/> Programs Committee |

COMMENTS/SUGGESTIONS



FAX COMPLETED VOLUNTEER FORM TO 310.943.0493 OR MAIL TO P.O. BOX 88348 | LOS ANGELES, CA 90009

Important Note: Information provided on this form will be solely utilized by CLIMB, Inc. per your requested involvement.