



CEDARS-SINAI MEDICAL CENTER.

Volunteer Services Department

Independent Student Parking Information Form

Please complete the information requested below. Parking will be issued upon completion and approval of the application packet.

<i>Name</i>	
<i>Department</i>	
<i>Work Area</i>	
<i>Ext.</i>	
<i>Check day(s) volunteering</i>	
<input type="checkbox"/> <i>Mon</i> <input type="checkbox"/> <i>Tues</i> <input type="checkbox"/> <i>Wed</i> <input type="checkbox"/> <i>Thu</i> <input type="checkbox"/> <i>Fri</i> <input type="checkbox"/> <i>Sat</i> <input type="checkbox"/> <i>Sun</i>	
<i>Time(s)</i>	
<i>Duration of Assignment</i>	
<i>Start Date:</i>	<i>End Date:</i>
<i>Car License Plate Number(s)</i>	
FOR OFFICE USE ONLY	
<i>Approved by</i>	
<i>Volunteer Coordinator</i>	<i>Date</i>
<i>Card Number</i>	
<i>Date Issued</i>	

RETURN THIS FORM TO THE VOLUNTEER SERVICES DEPARTMENT
ROOM 2410, PLAZA LEVEL, NORTH TOWER

TELEPHONE (310) 423-8044 FAX (310) 423-0452