Estrella Del Mar de Los Angeles, Inc.

**REGIS HOUSE COMMUNITY CENTER**

**2212 Beverly Blvd., Los Angeles, CA 90057 Phone: (213) 380-8168**

##### 2018-2019 AFTER-SCHOOL PROGRAM VOLUNTEER APPLICATION

#### PERSONAL INFORMATION *(Please Print Neatly)*

#### Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other language(s) do you speak?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read/Write? Yes No

Do you have a driver’s license? Yes No State issued \_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have certification in: **First Aid and/or CPR?** Yes No If yes, what is the expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** Yes No **If yes**, ***(1)*** please explain number of conviction(s), ***(2)*** nature of offense(s) leading to conviction(s), ***(3)*** how recently such offense(s) was/were committed, ***(4)*** sentence(s) imposed, and ***(5)*** type(s) of rehabilitation received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of School** | **Name of School** | **Location**  **(Complete Address)** | **Number of Years**  **Completed** | **Major / Degree**  **& Year Received** |
| **Middle School** |  |  |  |  |
| **High School** |  |  |  |  |
| **College/Trade** |  |  |  |  |

## EMPLOYMENT OR VOLUNTEER EXPERIENCE

## Please list two previous years of experience, and complete all sections

**Employer Name of Supervisor Address/City/Zip Phone Dates**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### REFERENCES

List three teachers/employers or counselors, who have acknowledgement of your character, experience and ability (please do **NOT** list friends or family members). ***All information must be included.***

Name Address/City/Zip Telephone # Relationship

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### AREAS OF INTEREST

### Please circle all the areas that you are able to teach/or willing to participate in

**ARTS AND CRAFTS**: Camp Crafts, Nature Crafts, Sewing, Paper Crafts

**DANCE:** Aerobic, Folk Dancing, Group dancing, Hip-Hop, Disco, Zumba

**DRAMA:** Skits, Plays, Storytelling, Song Leading, Impersonation

**GAMES**: Indoor games, Informal Games, New Games, Team play, Sports

**CULINARY SKILLS:** Basic Cooking and Baking Skills

**NATURE:** Astronomy, Conservation/Ecology, Animals, Flowers, Insects, Birds

**OUTDOOR SKILLS:** Backpacking, Hiking, Overnight camping, Out-Door Cooking

### SWIMMING: Lifeguard, Pool Safety, Water Games, Swimming, etc.

### PUBLIC TRANSPORTATION: Knowledge of MTA, OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that even though I may not have circled all of the areas of interest that this job experience requires that I participate to the best of my ability in all activities.

**AUTOBIOGRAPHY**

**On an attached piece of paper, please tell us about yourself, and answer the following questions completely: *(Must be at least one FULL page, no short answers.)***

1. Tell us who you are.
2. Why do you want to volunteer at Regis House After-School Program?
3. What do you think are your **three** greatest strengths and your **three** greatest weaknesses?
4. Share any experience you have had working and/or assisting children.

I authorize examination of all statements contained in this application. I understand that false statements or inaccuracy of facts requested is cause for dismissal.By signing and returning this application I agree to participate in staff training and to abide by the policies set forth.  **I understand that my period of service maybe terminated at anytime without prior notice.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Signature Date

**How did you hear about Regis House After- School Program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please specify what hours and days you are available to volunteer.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make sure you are sending in a completed application (no empty spaces):***

*□ Autobiography (Must be at least FULL one page)*

*□ All required signatures and Parent Information*

*□ Identification Card (School, Driver’s License, or CA ID)*

*□ Report Card (2.5 GPA needed)*

*□ References*

**PARENT/GUARDIAN INFORMATION**

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext.\_\_\_\_\_ Work Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_

Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Teen/young adult lives with: Both Parents\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_ Roommate \_\_\_\_ Other\_\_\_\_

## If other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parents are divorced, who is the legal guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age, a parent must sign below.**

**I give my son/daughter permission to volunteer at Regis House Community Center during the 2018/2019 school year. I give my permission for my son/daughter to leave Regis House property during program hours with adult Regis House staff. I give permission for emergency medical treatment in case of an accident and release Regis House staff, and volunteers of personal liability.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## \*Parent/Guardian Signature Date

*\*Parent signature will be verified*

**Other Information:**

\_\_\_\_ My child will walk to Regis House on their own.

\_\_\_\_ My child will be dropped off at Regis House by an adult every day.

\_\_\_\_ My child will walk home by his/herself after 5:30pm after the Regis House After-School Program

\_\_\_\_ My child has to wait for an adult to pick him/her up by 5:30pm after the Regis House After-School Program

The following persons are the **ONLY** persons authorized to pick-up my child up at Regis House:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: If you are currently in school, you must provide a school ID and most current report card.**