

## A Place of Learning-Volunteer Application

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer (or school you attend) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number (s) \_\_\_\_\_

Volunteer position you are interested in: \_\_\_\_\_

Why are you interested in becoming a volunteer with A Place of Learning? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about A Place of Learning? \_\_\_\_\_

**AVAILABILITY** (Circle all that days and times that apply)

Hours of Tutoring- 2:30-3:30    3:30-4:30    4:30-5:30

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

**SKILLS/INTERESTS:** What are your specific Skills, talents or interests? (Circle all that apply)

Tutoring    ESL    Computer training/technology    Mentoring    Volunteer recruitment

Administration    Staff training    Other \_\_\_\_\_

Are you interested in a particular age group? \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_

**REFERENCES-** Please include at least one (a teacher, if you are a student)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of any criminal activity within the last seven years? If yes, please explain the circumstances. (This will not necessarily keep you from becoming a volunteer.)

All Volunteers of A Place of Learning must be fingerprinted and background checked.

I verify that the above is true and accurate. Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:        **A Place of Learning    P.O. Box 1043    Brentwood Ca, 94513**