

Volunteer Member Application



Experience Corps Bay Area

Today's Date:

Location: San Francisco East Bay South Bay

Legal First Name: Legal Last Name:

Home Phone: Cell Phone:

Email:

Current Address (Street, City, State, Zip)

How would you like to be contacted? Phone Email Post

Are you a member of AARP? Yes No No, and I would like more information on AARP

How did you hear about Experience Corps Bay Area?

What neighborhood(s) are you interested in serving?

<p>San Francisco:</p> <p><input type="checkbox"/> Mission</p> <p><input type="checkbox"/> Excelsior/Bernal Heights</p> <p><input type="checkbox"/> Western Addition</p> <p><input type="checkbox"/> Wherever Needed</p>	<p>East Bay:</p> <p><input type="checkbox"/> North Oakland</p> <p><input type="checkbox"/> East Oakland</p> <p><input type="checkbox"/> Wherever Needed</p> <p>San Mateo County:</p> <p><input type="checkbox"/> Atherton/Redwood City <input type="checkbox"/> South San Francisco</p> <p><input type="checkbox"/> Daly City</p>
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Please select the structures and grade levels that interest you:

<p><input type="checkbox"/> One-on-one</p> <p><input type="checkbox"/> Small Groups (typically 3-4 students)</p> <p><input type="checkbox"/> Whole group (Kinder)</p>	<p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1</p> <p><input type="checkbox"/> Grade 2</p> <p><input type="checkbox"/> Grade 3</p>
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When can you start?

Time Commitments: 4-10 hours/week 10-15 hours/week

Please check all that interest you (there is flexibility within this framework):

Times x Day	Monday	Tuesday	Wednesday	Thursday	Friday
8am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12pm-3pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Information

Date of Birth:

Place of Birth:

Gender:

Highest level of education completed:

Optional Information

Ethnicity

African-American/Black

Pacific-Islander

Hispanic/Latino

Asian-American

Anglo/Caucasian

Other

Native-American

Annual Income

Less than \$15,000

\$15,000-\$24,999

\$25,000-\$34,999

\$35,000-\$54,999

Over \$55,000

Marital Status

Single

Married/Domestic Partner and living together

Married/Domestic Partner and living separate

Widowed

Notice of Non-Discrimination: Please note the information above is for our records and will be kept confidential. Experience Corps welcomes all volunteers without regard to race, color, religion, ancestry, national origin, age, sex, sexual orientation, marital status, medical condition(s), or disability.

You are not required to answer the above questions.

Emergency Information

Medical Coverage:

Personal Physician:

Physician's Phone:

Please indicate any illnesses, allergies, or medications to be aware of:

In case of emergency, please contact:

Name:

Name:

Relationship:

Relationship:

Phone:

Phone:

Reference Information

Please list two individuals who we may contact as a personal reference (one must be a non-family member):

Name:	<input type="text"/>	Name:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
How long?	<input type="text"/>	How long?	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

Have you ever been convicted of a crime? Yes No

If **"Yes,"** please describe the circumstances of the conviction. If the criminal background check reveals any conviction(s) that you did not disclose in this application, your failure to disclose the convictions will result in termination from the program.

Primary Language Spoken

Do you speak additional languages? If yes, which ones?

Would you be willing to translate in your additional language to help our program reach out to families in which English is not the primary language? Yes No

Experience and Interests

Please note that volunteering does not depend on education (if you have a high school diploma or GED) or job experience.

List or describe your past work experience:

List or describe any previous experience with youth (clubs, church, service):

Do you have any special skills, talents, or interests?

Why do you want to volunteer with Experience Corps?

Did you recently retire from a corporation? If so, which one?

Recommend a friend for Experience Corps (optional):

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

By checking this box, I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for Experience Corps or its affiliates.

As an Experience Corps volunteer serving school age children, I consent to any necessary **health screening** (TB Test), **criminal background check** (fingerprint clearance), **National Sex Offender Public Registry check** (NSOPR), and **reference checks** to ensure the safety and well-being of our children.

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that during the course of my association with Experience Corps my personal information may be shared with program partners for volunteer placement purposes. I authorize Experience Corps to disclose this information with program partners.

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>
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Please mail this application to
Experience Corps - Recruitment & Intake
400 Oyster Point Blvd, Suite 500
South San Francisco, CA 94080
Or email to: ecba.today@gmail.com
Questions? Call 415-759-4222 Ext. 7315