

For office use only:

Date received: _____ Site: _____

AFTER-SCHOOL ALL-STARS – LOS ANGELES VOLUNTEER APPLICATION FORM

The information provided on this form is confidential and will be used to assist us in making the best use of your skills.

Please complete both sides of this form. Thank you for you help.

First Name: _____ Last Name: _____

Street Address: _____

City and Zip Code _____

Home Phone: () _____ Work Phone: () _____

Other Phone: () _____ Other Phone: () _____

Employer (name & address): _____

Emergency Contact (name & phone number): _____

Birthdate: _____

(Providing information in this section is optional.)

Sex (M/F): _____

Education: Circle last year completed: High School: 9 10 11 12 College: 1 2 3 4

If you are a student: High School: _____ Grade: _____

College: _____ Major: _____

Languages (other than English): _____

Grade Preference (if any): Please Circle: 6 7 8

Days & Hours Available: _____

Preferred Location (if any): _____

Related to an After-School All-Stars student? (Y/N) _____

If yes, how? Parent? Grandparent? Other? _____

How did you find out about After-School All-Stars? _____

Any Previous Volunteer Experience: _____

Specific Interests/Special Skills: _____

Please provide 2 references (not relatives):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

I understand that the Los Angeles and the California State Boards of Education require that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. **Volunteers must show proof of tuberculosis clearance within six months prior to volunteering.** The initial examination must consist of a Mantoux skin test

I certify under penalty of perjury, and in conformance with Education Code section 35021, that I am not required to register as a sex offender pursuant to Penal Code section 290.

Signature: _____ Date: _____

**Please return this form to:
After-School All-Stars Site Coordinator**