

Community Service APPLICATION Milpitas Adult Education Summer Enrichment Program

Name: _____ Phone # _____
Address _____ City _____ Zip Code _____
Emergency Contact (Name & Phone) _____
Home School _____ Birthdate _____

Which Program position would you like to volunteer for? Circle one.

Classroom Aide Office Aide Noontime and before & after school Supervision

I have transportation: Bus _____ Car _____ Bike _____ Other (specify) _____

I also speak or write a language other than English (specify): _____

List interests, hobbies, special skills (i.e. music) & organizations of which you are a member:

List previous experience you have had working with children/seniors/special populations/other cultures:

What can you offer a participant in this program and how can you apply your skills?

List two references that have know you for at least 1 year and are aware of your work with children, schools, or jobs you may have had. You may include professional, educational or employment contacts. Examples include coaches, former teachers, employers, etc. Please do not include friends and family. Provide daytime phone numbers.

Name	How do you know this person and for how long	Phone	Email Address
------	--	-------	---------------

1.

2.

Please fill out both sides of this form

Please circle the dates you are available:

- Week 1** Monday – Thursday, June 17 – June 20
- Week 2** Monday – Thursday, June 24 – June 27
- Week 3** Monday – Wednesday, July 1 – July 3
- Week 4** Monday – Thursday, July 8 – July 11
- Week 5** Monday – Friday, July 15 – July 19
- Week 6** Monday – Wednesday, July 22 – July 24

Please mark the times you **ARE AVAILABLE** to volunteer with an **X** in the appropriate day and time box.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					

I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from service with Milpitas Adult Education. I give Milpitas Adult Education the right to contact all references and to secure additional information as necessary about my suitability for volunteer service. I understand that all information obtained, whether oral or written, will be kept strictly confidential and only shared with those persons required by law or those who participate in the decision making process related to my placement as a volunteer to determine my qualification. I also understand that placements are not guaranteed and are contingent upon the screening and approval process. I understand that it is the sole discretion of Milpitas Adult Education to place or remove me from a program.

Signature _____ Date _____

If you have any needs or require accommodations related to a disability, please inform the Milpitas Adult Education staff person what your specific needs are during the interview, and we will do our best to assist you.