



Orange County Asian and Pacific Islander Community Alliance

YOUTH PROGRAMS VOLUNTEER APPLICATION

ocapica

Please check the position(s) you would like to apply for. You may choose more than one.

| | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Academic Mentor | <input type="checkbox"/> Internship | <input type="checkbox"/> One-Time Volunteer | <input type="checkbox"/> Leadership Development |
|--|-------------------------------------|---|---|

Personal Information

Name: _____

Current Address: _____

City & Zip: _____

Phone: _____ Other Phone: _____

E-Mail: _____ Ethnicity: _____

Gender: Male Female Date of Birth: _____

Are you a student? Y/N If yes: High School College

School Name: _____ Major(s): _____

Are you volunteering for class requirement? Y/N Class: _____

Special Skills and Interests

Are you bilingual? Y/N If yes, what language(s)? _____

Please indicate what areas of interest you have in working with youth (Check all that apply):

| Please indicate level of fluency (circle) | | | | | | | |
|---|-----|---|---|---|---|---|------|
| Spoken | Low | 1 | 2 | 3 | 4 | 5 | High |
| Written | Low | 1 | 2 | 3 | 4 | 5 | High |
| Reading | Low | 1 | 2 | 3 | 4 | 5 | High |

- Academic Mentoring Field Trips College/Career Workshops
 Leadership Development Special Events Recreation/Enrichment

Other Areas of Interest:

Volunteer Availability

Please indicate by writing the hours. Minimum 3 hours per week commitment.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------------|--------|---------|-----------|----------|--------|
| 3:00-6:00 Main GG Site | | | | | |
| 6:30-9:00 Costa Mesa Site | | | | | |

Are you available to work on the weekends? Yes No

Can you commit to a volunteer period of at least 3 months? Yes No

Background Questions

The questions below are part of our interview process in order to provide a safe and secure environment for our youth. All information is held strictly confidential by the OCAPICA's staff.

Have you ever suffered from or been treated for alcohol or substance abuse? Y/N

Have you ever been arrested for a criminal offense excluding minor traffic violations? Y/N

Have you ever been accused, arrested, or convicted of any sexually related crime? Y/N

Have you ever been accused, arrested, or convicted of any abuse-related crime? Y/N

Are you currently on probation or parole? Y/N

If you answered yes to any of the above questions, please explain:

Experience

Please list any training, volunteer work, or other experience you have had with respect to this type of organization. Include any type of special skills that would be helpful for us to be aware of:

Have you had any experience in tutoring/mentoring youth?

Emergency Medical Treatment

In the event _____ (participant's name) becomes ill or sustains an injury while in the care of or under the supervision of the Youth Program coordinators and volunteers or other OCAPICA representatives, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies (if any): _____

Name(s) of any medication currently taken: _____

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone Number: _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Participant Signature (Parent/Guardian Signature, if under 18)

Date

Print Participant Name (Parent/Guardian Name, if under 18)

Date

Parent/Guardian Consent Form (if under 18)

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ CA Zip: _____

Daytime Telephone: _____ Cell Phone: _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in the Youth Programs and fully agree to the rules and regulations of the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) and do hereby release OCAPICA and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardian, releases OCAPICA from all responsibilities from injuries of any nature incurred while participating in the Youth Programs. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

Photograph Release Form

This agreement is made and entered into by and between the Orange County Asian and Pacific Islander Community Alliance (OCAPICA), with offices at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843 and

Participant Name

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

Participant Signature (Parent/Guardian Signature, if under 18)

Date

Print Participant Name (Parent/Guardian Name, if under 18)

Date