



# Member Application & Emergency Information

Today's Date: \_\_\_\_\_

Location: \_\_\_\_\_

<b>Contact Info</b>	First Name: _____	Last Name: _____
	Home Phone: _____	Cell Phone: _____
	Current Address: _____	
	Email: _____	
	How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Standard Mail	
	I'd like to receive information from Experience Corps including newsletters, organizational events, and other general updates via: <input type="checkbox"/> Email <input type="checkbox"/> Standard Mail <input type="checkbox"/> None	

<b>Additional Info</b>	<b>HOW DID YOU HEAR ABOUT EXPERIENCE CORPS BAY AREA?</b> (Please be specific): _____	
	<b>Date of Birth:</b> /    /	<b>Place of Birth:</b> _____
	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
	<b>Race</b> (Optional; requested by funding agencies):	
	<input type="checkbox"/> African-American/Black _____	
	<input type="checkbox"/> Hispanic/Latino(a) _____	
	<input type="checkbox"/> Anglo/Caucasion/White _____	
<input type="checkbox"/> Native American _____		
<input type="checkbox"/> Asian-American _____		
<input type="checkbox"/> Pacific Islander _____		
<input type="checkbox"/> Other _____		
<b>Primary Language Spoken:</b> _____		
<b>Additional Languages:</b> _____		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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, or disability.

**\*You are not required to answer the above questions\***

<b>Availability</b>	<b>When can you start?</b>					
	<b>What neighborhood(s) are you are interested in serving:</b>					
	<input type="checkbox"/> Bayview/Hunters Point		<input type="checkbox"/> Outer Sunset District			
	<input type="checkbox"/> Mission		<input type="checkbox"/> Richmond District			
	<input type="checkbox"/> Excelsior/Bernal Heights		<input type="checkbox"/> Western Addition			
	<b>Please check as many as interest you:</b>					
<input type="checkbox"/> One-on-One		<input type="checkbox"/> Kindergarten				
<input type="checkbox"/> Small Groups		<input type="checkbox"/> Grade 1				
		<input type="checkbox"/> Grade 2				
		<input type="checkbox"/> Grade 3				
<b>Time Commitment:</b> <input type="checkbox"/> 4-10 hours/week <input type="checkbox"/> 10-15 hours/week						
<b>Please check all available times/dates that interest you:</b>						
	<b>Monday</b>	<b>Tuesday</b>	<b>Wed</b>	<b>Thurs</b>	<b>Friday</b>	
<b>AM</b> 8:00am-noon						
<b>PM</b> 12:00pm-3pm						
<b>We provide modest stipends for those who volunteer 10 or more hours/week.</b> Would you be interested in a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Experience and Interest</b>	*Please note that volunteering does not depend on education or job experience: Highest level of education completed:					
	List or describe your past work experience:					
List or describe any previous experience you have had with young children or volunteer groups (i.e. clubs, churches, service groups):						
Do you have relevant skills, talents, or interests relevant to our literacy objectives?						

	Why do you want to volunteer with Experience Corps Bay Area tutoring children?
	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe the circumstances of the conviction (use additional paper if necessary). 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.

<b>Emergency Info</b>	<b>Medical coverage:</b>	
	<b>Personal Physician:</b>	<b>Phone:</b>
	<b>Physician's Phone:</b>	
	<b>Please indicate any illness, allergies, or medications to be aware of:</b>	
	<b>In case of emergency, please contact:</b>	
	Name:	Phone:
	Relationship:	
	Name:	Phone:
Relationship:		

<b>Please list two individuals who we may contact:</b>	
Name:	Name:

<b>References</b>	Phone:	Phone:
	Email:	Email:
	Relationship to you:	Relationship to you:
	How long?	How long?

<b>Optional Info</b>	Annual Income:	<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000- \$24,999 <input type="checkbox"/> \$25,000- \$34,999 <input type="checkbox"/> \$35,000- \$54,999 <input type="checkbox"/> Over \$55,000	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partner <input type="checkbox"/> Widowed
	By initialing here _____, I give permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for Experience Corps of its affiliates.			

**Recommend a friend (optional):**

Name:	Phone:
Email:	

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 check** 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

\_\_\_\_\_  
Date

**✉ Please mail this application to ✉**  
Experience Corps San Francisco  
3925 Noriega St.  
San Francisco, CA 94122