

MENTORING A TOUCH FROM ABOVE VOLUNTEER STAFF APPLICATION

PLEASE TYPE OR PRINT

SOCIAL SECURITY NUMBER

NAME (FIRST, MIDDLE, LAST)

ADDRESS (NUMBER-STREET-CITY-ZIP CODE)

HOME PHONE - BUSINESS PHONE

WHO TO CALL IN EMERGENCY

RELATIONSHIP

HOME PHONE - BUSINESS PHONE

MAIDEN NAME OR ALIAS

RACE (optional)

SEX

BIRTHPLACE

BIRTHDATE

MARKS OR SCARS

HEIGHT

WEIGHT

COLOR OF HAIR

COLOR OF EYES

HAVE YOU EVER SERVED A JAIL OR PRISON SENTENCE, PROBATION OR PAID
A FINE OF \$50.00 OR MORE? IF RECORDS ARE SEALED, YOU MAY RESPOND NO.

NO

YES

IF YES, PLEASE GIVE CIRCUMSTANCES:

DO YOU HAVE AN AUTOMOBILE?

AUTO LICENSE#

DRIVER LICENSE#

AUTO INSURANCE COMPANY

POLICY NUMBER

EXPIRATION DATE

EMPLOYER'S

FROM (DATE)

TO (DATE)

JOB TITLE AND DUTIES

EDUCATION (TRAINING-SKILLS, CERTIFICATES, LICENSE)

CURRENTLY ENROLLED IN SCHOOL
NO YES

NAME OF SCHOOL

CREDIT FOR VOLUNTEER WORK
NO YES-NUMBER OF UNITS

E-MAIL ADDRESS:

Form MATFA-001

MAILING ADDRESS: M. WASHINGTON P.O. Box 18528 L.B. CA 908

INDICATE INTEREST – HOBBIES – ORGANIZATIONS OF WHICH YOU ARE A MEMBER**INDICATE WHY YOU WISH TO BECOME A VOLUNTEER FOR MATFA****WHAT TYPE OF WORK DO YOU PREFER?**

| DIRECT SERVICE (WITH INSTITUTIONS) | INDIRECT SERVICE (WITH OFFICE STAFF) | COMMUNITY SERVICE |
|---|---|-----------------------------|
| HOURS YOU CAN WORK (FROM – TO) | DAYS | MINIMUM OF HOURS |
| | | LENGTH OF COMMITMENT |

IN MAKING THIS APPLICATION AND IN VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I WILL NOT BECOME A PAID EMPLOYEE OF MENTORING A TOUCH FROM ABOVE OR THE INSTITUTIONS THAT I VOLUNTEER IN. IF PAID POSITIONS DO COME AVAILABLE, THEN I CAN BE THE FIRST TO BE INTERVIEWED FOR THOSE POSITIONS. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL STAFF INCLUDING VOLUNTEER STAFF AND THAT THE RESULTS OF SUCH CHECK ARE HELD CONFIDENTIAL. I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND IN GOOD FAITH.

SOME ITEMS ON THE ABOVE APPLICATION ARE OPTIONAL. ALL INFORMATION IS CONFIDENTIAL TO BE USED FOR THE PLACEMENT, SECURITY AND COMMUNICATION PURPOSES OF THE MATFA PROGRAM ONLY.

SIGNATURE OF APPLICANT**DATE:****OFFICE USE ONLY****INTERVIEWED BY****DATE:****ASSIGNED TO (UNIT, SCHOOL, OFFICE)****SUPERVISOR****DATE:****JOB CATEGORY****EVALUATION****RATING SCALE: 1 (POOR) – 10 (OUTSTANDING)**

| DATE COMPLETED | 3 MONTHS | 6 MONTHS | 12 MONTHS | 18 MONTHS |
|-----------------------|-----------------|-----------------|------------------|------------------|
| | | | | |

RATING**SIGNATURE OF EVALUATOR****DATE:**