



Adult Staff or Volunteer Application

The _____ Department of Cal Poly San Luis Obispo is a higher education organization sponsoring a youth serving program for youth between the ages of five and eighteen. Our members look to adults as role models and mentors, and Cal Poly San Luis Obispo has zero tolerance for abuse. For this reason, we take every step possible to ensure that staff and volunteers are people of sound character and moral principles aligned with our mission. All staff and volunteers must complete a background check, which is free of charge through the _____ Department of Cal Poly San Luis Obispo.

Full Name: _____

Street Address: _____ How Long there? _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Employer: _____ Occupation: _____

Are you: State Faculty/Staff State Student Employee Student
 Auxiliary Employee Community Member

I would prefer to work with ages: 5-6 7-8 9-12 13-18 All Ages

I have knowledge of and am willing to volunteer in the following areas:

- Arts & Crafts
- Games/ Rec Activity
- Character Development
- Fine Arts/Crafts
- Sports/Fitness
- Technology/Computers
- Educations/Tutoring
- Teen Programs
- Music/Performing Arts
- Science/Math
- Other: _____

Please fill in the days and times that you are available to volunteer:

	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Are you interested in participating as a weekly volunteer? Yes No

Total number of hours you are available to volunteer: _____

Do you speak any foreign languages? Yes No If yes, what language? _____



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Do you have any medical conditions you feel we should be aware of? Yes No

If yes, explain: _____

How did you hear about the youth program at Cal Poly?

Why do you want to volunteer with the youth program at Cal Poly?

List any previous volunteer experiences or work experiences you have working with youth:

Are you currently in college? Yes No If yes, which college? _____

Please provide three references (one personal, two professional):

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please provide two emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing this document, I am aware that the representatives from Cal Poly San Luis Obispo may contact the above listed references. I also give my authorization to release information requested concerning me to Cal Poly San Luis Obispo. All of the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____