



**DO NOT FILL IN-FOR
VSC/SC USE ONLY**

ORIENTATION:

GIVEN BY:

MINOR VOLUNTEER APPLICATION

Contact Information (Print clearly with black or blue pen only.)			
Student Name (First, Last)			
Grade level		Student Phone Number	
Address			
City, State, Zip Code			
Primary Home Phone Number			
Student's Email Address			
Mom's work/Cell phone number		Dad's work/cell phone number	
Which fields are you interested in working with Titans ASES? (<i>select one</i>)			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Class related / Community Service Hours <input type="checkbox"/> One day Volunteer			
If you checked "Volunteer," continue onto "Preference and Interest"			
For what class and teacher are you fulfilling your requirement?			
<u>Class</u>	<u>Teacher</u>	<u>Required hours</u>	
Preference and Interest			
Indicate which grade level you would like to work with (1 st -8 th): _____			
Mark Area(s) of Interest:			
<input type="checkbox"/> Reading Program <input type="checkbox"/> Homework Assistance <input type="checkbox"/> Enrichment Activities (clubs, Fun Fridays)			
Desired Minor Volunteer Schedule			
<u>Start Date</u>		<u>End Date</u>	
Days (<i>select all that apply</i>)	Committed Time (<i>anytime between 2:00 PM -6:00 PM</i>)		
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
Office use only: Placement (Circle one) :			
<u>Buena Park</u> - Beatty BPJH Corey Gilbert Pendleton Whitaker <u>Tustin</u> - Beswick CT Currie Estock Heideman Nelson Thorman Utt			
**Continue on the back of application*			

How did you hear about Titans ASES?

Friend

Email

Volunteer

Online

Family

Flyer

School

Other: _____

Are there any languages other than English that you may be fluent in?

What other activities are you involved in at your school or in the community?

What are your strengths and weaknesses?

What subjects do you excel in. If so, to what level?

What do you want to gain or take away from this program?

I hereby authorize and grant permission for my child between the ages of 14 and 18 to volunteer with the Titans ASES After School Program. I understand that my child will be working on projects with other volunteers and under the supervision of Titans ASES staff. I agree and understand that my child must comply with the Volunteer and Program policy, rules and regulations established from time to time by the Titans ASES Program and that failure to do so may result in my child's immediate removal as a volunteer. I will ensure that my child will be picked up by program closing time or the end of their shifts and acknowledge that Titans ASES is not responsible for minors left after closing.

Titan ASES staff may contact you for further verification.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Parent/Guardian Signature:

Date:

To complete this application, please submit this form using one of the following methods:

- In person: Print your completed application form and turn it in at any Titans ASES Program site
- Email: Send attached to an email to elphan@fullerton.edu (Subject: "ASES Volunteer Application - ")



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