

Youth Empowerment Program Application 2014-2015

Quarterly Commitments: At least 1 3-hour shift each week, Monday through Friday

Annual Commitments: Volunteers must volunteer consecutive quarters. Volunteers who are inactive for 2 or more quarters must reapply for continued participation in the program

MANDATORY DATES FOR AVAILABILITY

Orientation Session: Sunday, October 12th 12:00 PM - 4:00 PM

Class: Tuesdays 6 PM - 8 PM at Geology 4660

APPLICATION IS DUE SUNDAY, OCTOBER 5th by 11:59PM

Instructions for Submission

Please follow these application submission instructions carefully. **Applications not following these guidelines will be ignored.**

1. Save this PDF file as: <Insert Your Name> - YEP Application
2. E-mail application to yep.scope@gmail.com with subject header exactly the same as the file name

Example: Joe Bruin - YEP Application

Applicant Information

Full Name _____

Student ID: _____

No dashes, spaces, or parentheses.

Phone Number _____

No dashes, spaces, or parentheses. Will automatically format.

E-mail _____

Major: _____

Year:

Gender:

Preferred Methods of Contact:

Phone

E-mail

Facebook

Other:

Will you be available for ton the mandatory dates?

Check off the dates / events you **are** available.

T-shirt Size:

Interview

Orientation

Classes

Did you attend an information session?

Do you have a driver's license and do you have access to a car?

How did you here about SCOPE?

Please list any non-English languatges spoken:

Emergency Contact Information:

Name:

Relationship:

Phone:

Short Answer Questions

Please limit responses to **200** words or less

You are reading a story to your mentee and a serious situation about gang violence arises, but the child laughs and thinks it is funny. How would you address this situation?

Would you be willing to be paired up with a child that is in need of more attention (i.e. learning disability, severe family problems)? If yes, what personality traits would allow you to work well with a child who has a disability or a difficult home life?

Describe a person who has been a role model or mentor to you and has left a major positive impact on your life (preferably when you were little). What was that impact? What kind of impact would you like to leave on your mentee (4th grade student at Stoner elementary)? The role model can be a family member, teacher, etc.

YEP requires a commitment of at least 10 hours of mentoring each quarter, starting in Winter. Once you start working with a student, how can you be fairly certain that you will be there consistently for him or her? For instance, if your schedule becomes hectic and you do not have enough time to see your mentee next quarter, what can you do to continue the relationship?

Experience/Skills:

List your past volunteer/job positions and describe your role:

What experience do you have working with children? Age range?

Language(s) fluently spoken other than English:

Quick Responses:

Why do you want to be a mentor? What was it about the Youth Empowerment Program that sparked your interest?

What do you hope to gain from this experience?

What are your long-term/career goals?

What are your concerns (if any) that you have about being a mentor?

The following questions will be used to pair you with your mentee:

1. List three words that best describe yourself.

Also, check any of the following that you could additionally use to describe yourself.

Artistic/Creative

Athletic

Energetic

Extroverted

Funny

Introverted

Quiet

Shy

Talkative

2. The following are a list of after school activities that you likely participated in as a child. Rank your top 5 favorite activities from middle school.

Read a book

Play a sport

Draw

Spend time with my family

Singing/Choir

Listen to music

Dance

Play a boardgame

Watch television

3. Do you have any special talents/hobbies that you could teach your mentee? (e.g. instrument, juggling, knitting, etc.)

4. Which sports/activities are you interested in playing with the kids?

5. What genres of music interest you?

Volunteer Agreement

VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION:

Believing that UCLA Healthcare has need of my services as a volunteer, I agree: To hold as absolutely confidential all information that may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient. That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes an employment relationship or a contract of employment. I further understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment. That if I accept a volunteer position, I have a duty to be familiar with UCLA Healthcare's rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I agree to comply with and follow these rules, standards, and policies. I certify that the answers given by me to the foregoing questions are true and without omissions. I authorize UCLA Healthcare to investigate and/or verify any information relevant to my suitability as a volunteer. Any person giving misleading or false information will be subject to immediate termination.

By signing, you hereby agree to these terms and agreements.

Date: _____
MM/DD/YY

Please type your full name to serve as a digital signature.