



DO NOT FILL IN- FOR OFFICE USE ONLY

Placement: Check-In Date(s):

Beatty Orientation:

BPJH

Corey Follow-Up:

Gilbert

Pendleton Feedback:

Whitaker

VOLUNTEER/ SERVICE-LEARNING/ ACADEMIC INTERNSHIP APPLICATION

Contact Information (Print Clearly)			
Name (First, Last)			
Street Address			
City, State, Zip Code			
Primary Phone Number			
Email Address			
CWID (CSUF Students Only)		Full/Part-Time Student?	
Major and Focus			
Which field are you interested in working with A.S.E.S.? (select one)			
<input type="checkbox"/> Volunteer <input type="checkbox"/> Service-Learning <input type="checkbox"/> Internship			
If you checked "Volunteer," continue on to "Preference and Interest"			
For what course and instructor are you fulfilling your Service-Learning/Academic Internship requirement? How many required hours?			
<u>Course</u>	<u>Instructor</u>	<u>Hours</u>	
Have you registered online for Service-Learning/Academic Internship through the Center for Internships & Community Engagement website? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preference and Interest			
Indicate which grade level you would like to work with (3 rd -8 th):			
Mark Area(s) of Interest:			
<input type="checkbox"/> Read 180 Reading Program <input type="checkbox"/> Homework Assistance <input type="checkbox"/> Enrichment Activities			
Desired Volunteer/Service-Learning/ Internship Schedule			
Start Date		End Date	
Days (select all that apply)		Time (anytime between 2:00-6:00pm)	
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
Continue on back of application			

How did you hear about A.S.E.S?

Special Skills or Qualifications

List any language other than English that you may be fluent in.

List any special skills or qualifications that you may have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that would be useful in an after-school setting.

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

Emergency Information

Provide Names of Relatives and/or Friends who may be contacted:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

Family Physician:

<u>Name</u>	<u>Street Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>

Medication/Other Pertinent Information:

I hereby authorize the Buena Park School District or A.S.E.S Staff to call any of the above contacts and to follow their instructions in the event of an emergency. In the event of a life-threatening emergency if the Buena Park School District or A.S.E.S Staff is unable to contact any of the people above, the Buena Park School District or A.S.E.S Staff may take whatever actions seem appropriate. Neither the Buena Park School District nor A.S.E.S Staff assumes responsibility for the payment of any physician fees or health expenses.

Signature: _____ Date: _____

