



Give Every Child A Chance
322 Sun West Place, Manteca, CA 95337
Office: (209)825-7003 / Fax: (209)823-6255

ASAP Volunteer Mentor Application

1. Sign and turn in completed application to the Education Center located at 322 Sun West Pl. Manteca, CA 95337.
2. Volunteers 18 years or older-please turn in signed Fingerprint Policy Statement and completed DOJ Live Scan Form with your application. You can get a DOJ Live Scan Form from the Education Center.
3. Contact the Education Center (209- 825-7003) immediately for available dates/times to schedule your Volunteer Orientation.

VOLUNTEER INFORMATION

Last: _____ First: _____ MI: _____ Male Female
Home Phone: _____ Alternate Number: _____
Address: _____ City: _____ Zip: _____
Date of Birth: _____ School: _____ Teacher: _____ Grade: _____
Parent/Guardian Email Address: _____ Volunteer Email Address: _____
What years have you tutored (check all that apply): 09-10 10-11 11-12 12-13 13-14 14-15 15-16 16-17

How were you recruited as a Volunteer Mentor/Tutor?

Newspaper Another Tutor Church School Family Member/Friend Other: _____

Volunteer Lives With: (check all that apply) Mother Father Guardian Spouse Self

Total No. Living in Household: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____
Primary Physician: _____ Phone: _____
Health Insurance (circle one): NO YES Carrier Name: _____ Policy #: _____
Health Concerns, Allergies, or Disabilities (circle one): NO YES if yes, please list: _____

The following information is **MANDATORY!** It is for grant funding purposes only and has no bearing in your student's registration. All information is strictly confidential.

ETHNIC BACKGROUND (check all that apply):

ARE YOU HISPANIC/LATINO? (check one) NO YES

- Black/African American White Asian Am. Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Black/African Am. & White Asian & White Am. Indian/Alaskan Native & White
 Am. Indian/Alaskan Native & African Am. Other Multi-Racial _____

For Office Use Only:

Date Stamp Received

Fingerprint Live Scan
Date Sent _____ Date Received _____

Orientation
Date _____ Signature _____

VOLUNTEER INFORMATION:

Please list any information that might be helpful in placing you with a student. (For example: experience with children, bilingual skills, computer knowledge, and other special interests/hobbies) All tutors under the age of 18 and that are still attending school must be in good standing, and must maintain a "C/2.0" average with the local school district.

AVAILABILITY Please list ALL days and times you are available to volunteer at ASAP. (For example: Tues. & Thurs. 3:00 pm to 5:00pm or M-F 3pm to 6pm) Hours vary depending on site location (see below).

After School Advantage Program (ASAP) Sites (Please mark **ALL** convenient sites by noting 1st, 2nd, and 3rd choices)

August Knodt School 3939 EWS Woods Blvd., Weston Ranch	Mon – Fri. 3:30-6:30	Lathrop School 15851 South 5th St., Lathrop	Mon – Fri. 3:15-6:15
Banta School 22345 El Rancho Rd., Banta	Mon – Fri. 3:00-6:00	Lincoln School 705 E. Yosemite, Manteca	Mon – Fri. 3:15-6:15
French Camp School 241 East 4th St., French Camp	Mon – Fri. 3:00-6:00	Nile Garden School 5700 E. Nile St., Manteca	Mon – Fri. 3:00-6:00
George Komure School 2121 Henry Long Blvd., Weston Ranch	Mon – Fri. 3:30-6:30	Ripon Elementary 509 W. Main St., Ripon	Mon – Fri. 2:00-6:00
Golden West School 1031 N. Main St., Manteca	Mon – Fri. 3:15-6:15	Sequoia School 710 Martha St., Manteca	Mon – Fri. 3:00-6:00
Great Valley School 4223 McDougald, Weston Ranch	Mon – Fri. 3:30-6:30	Shasta School 751 E. Edison, Manteca	Mon – Fri. 3:00-6:00

Technology Device Waiver

This form is mandatory and must be completed for each student in program.

Give Every Child A Chance (GECAC) strives to be a welcoming and accommodating program for its students. We also strive to enable students to utilize, learn, and use current technology to create the best 21st Century learners. We do not discourage students from bringing their own technology to program however; we do ask parents sign a waiver of liability.

By signing below, the parent and the student recognize that any personal device brought into the GECAC After School Program or GECAC 1on1 Tutoring Program is the sole responsibility of the student. This includes (but not limited to) MUSD Panasonic E3 devices, cell phones, iPods, MP3 players, eReaders, tablets/iPads, netbooks, and laptops. The parent/guardian and student shall assume all risk with any personal device that is brought into program. GECAC will not be held responsible for lost, stolen, or damaged devices.

Student Name: _____ **Grade:** _____
Please Print

Parent/Legal Guardian: _____ **Date:** _____
Signature

CONFIDENTIALITY:

Give Every Child A Chance believes that to provide quality services, the parents' and child's right to privacy shall be considered paramount and shall be assured to the greatest possible extent. Therefore, all interactions between staff, volunteers and children will be considered confidential and privileged. Public disclosure of a volunteer or child's personal, financial or grading information for any purpose other than grant funding or general statistical reasons is forbidden unless expressly allowed in writing by the parent. Staff and volunteers of *Give Every Child A Chance* are required by law to report the following:

1. **CHILD ABUSE OR NEGLECT:** Any incident or suspected child abuse will be immediately reported to the appropriate agency. Contact the Program Director.
2. **POTENTIAL HARM TO SELF OR OTHERS:** Any case where a child is threatening harm to himself/herself or others will be immediately reported to the appropriate agency. Contact the Program Director

FINGERPRINT & BACKGROUND CHECK POLICY:

1. **All individuals 18 years of age and older with direct contact with children must be fingerprinted and have a background check completed prior to participation.**
A completed application must be on file and clearance obtained by the Department of Justice before any individual will be allowed to participate.
2. All personnel with access to fingerprint and background information must have clearance through the Department of Justice.
3. All information is confidential with access limited only to those authorized by the Board of Directors. *Authorized personnel include: Executive Director, Director of Community Outreach, Program Director, Administrative Assistant, Officers of the Board of Directors, and the Personnel Committee appointed by the Board of Directors.*
4. All information will be kept for a minimum of two years after the last date of participation.
5. When discarding personal information, it must be discarded in such a manner so that no information can be obtained.
6. Personal records are to be kept in the office of the Corporation. Fingerprint and background information is to be kept in the appropriate file at the Corporate Office of *Give Every Child A Chance*.
7. During a background check if an item of concern is discovered, the following must be adhered to in order for participation:
 - a. Clean criminal record for a minimum of five consecutive years.
 - b. Pass a drug screening at the participant's expense.
 - c. Pass local clearance by the Manteca/Ripon Police Department.
 - d. Provide at least two, verifiable character references.
 - e. Absolutely no previous violent acts or crimes against children.
 - f. Approval by the Board of Directors on an individual case basis.

All Volunteers Must Attend Orientation!

Instructions for Fingerprinting by Live Scan:

1. Complete Live Scan Request Form at the Give Every Child A Chance corporate office
2. Take form to Manteca Police Department located at: **1001 W. Center St
Manteca, CA 95337**

LIVE SCAN HOURS: MANTECA ONLY!

<u>Monday</u>	<u>Wednesday</u>
2:00 PM – 4:45 PM	2:00 PM – 4:45 PM

3. You will be notified when your background check is completed

RELEASE: *The Board of Directors would like to thank you for your interest in Give Every Child A Chance and hope that you understand the importance of our policy.*

- I, _____, understand that my participation as a volunteer in the *Give Every Child A Chance* program is subject to the adherence of the strict guidelines established by the Board of Directors including but not limited to:
1. All contact with the children and parents involved in the **Give Every Child A Chance** program will be restricted to the program sites.
 2. I certify under penalty of perjury that statements made on this form are true.
 3. I will be respectful to all students, parents, staff and volunteers as well as school and program property.
 4. Volunteers are prohibited from TRANSPORTING children or parents involved with the **Give Every Child A Chance** program in their personal vehicles.
 5. Volunteers must operate with another volunteer or staff member present for any given session.
 6. All volunteers 18 years of age and older must obtain fingerprint and background check clearance by the Department of Justice prior to participation.
 7. It is a privilege and not a right to be involved in the Give Every Child A Chance program. Any misconduct or disobedience will result in **immediate** dismissal from the program.
 8. I may be photographed and published in any material written for and approved by Give Every Child A Chance.
 9. I understand there are a limited number of volunteers scheduled for each ASAP site and I must submit a completed application as well as an academic progress report.
 10. I agree to indemnify and hold harmless Manteca, Ripon, Banta, River Island and Tracy School Districts, GECAC, board of directors, employees/volunteers and all presenters and parties affiliated with the organization/program of any incident occurrence, injury or loss of property while attending and participating in GECAC programs no matter how the injury or loss was occurred. The aforementioned shall not be held responsible for the liability or expense for legal cost or medical treatment for my child; however, I do authorize the organizers, staff, EMT, physician, or hospital to administer emergency treatment or transport to a medical facility in the event of accident, illness, or injury. I understand that every attempt will be made to contact the parents in case of treatment. I give permission for my child's photo to be used in any promotion or advertisement in relation to the event. I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance. Any information written on this application will be used to match the tutor with an appropriate student.

Board of Directors reserves the right to refuse any applicant participation.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for volunteers under 18 years of age)

Give Every Child A Chance Academic Progress Report

Information for Parents and Students:

Due to the limited number of volunteers at each ASAP site, all interested student volunteers are required to have their teachers complete this academic progress report.

Information for Instructor/Teacher:

This student is currently interested in volunteering at the After School Advantage Program with Give Every Child A Chance and must obtain a current academic assessment grade for each core class/subject. If you are unable to estimate a grade at this time, please indicate if the student is passing/not passing.

Student Name:

Date:

Teacher: Please complete the following section regarding the above-mentioned student.

Class/Subject Title	Attends Classes Regularly	Submits Assignments on Time	Participates in Class	Current Grade	Teacher's Name, Initials and Date
	Y N NA	Y N NA	Y N NA		Comments:
Recommendation:					

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	Y N NA	Y N NA	Y N NA		Comments:
Recommendation:					

Class/Subject Title	Attends Classes Regularly	Submits Assignments on Time	Participates in Class	Current Grade	Teacher's Name, Initials and Date
	Y N NA	Y N NA	Y N NA		Comments:
Recommendation:					

Class/Subject Title	Attends Classes Regularly	Submits Assignments on Time	Participates in Class	Current Grade	Teacher's Name, Initials and Date
	Y N NA	Y N NA	Y N NA		Comments:
Recommendation:					

Class/Subject Title	Attends Classes Regularly	Submits Assignments on Time	Participates in Class	Current Grade	Teacher's Name, Initials and Date
	Y N NA	Y N NA	Y N NA		Comments:
Recommendation:					

This form must be completed and turned in with the volunteer application