

MYCHAL'S LEARNING PLACE

4901 W. Rosecrans Ave. • Hawthorne, CA 90250 • Ph: 310-297-9333 • info@mychals.org • www.mychals.org

VOLUNTEER/INTERN APPLICATION

MYCHAL'S LEARNING PLACE HAS SOCIAL/RECREATIONAL AFTER SCHOOL PROGRAMS FOR YOUTH AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES SUCH AS AUTISM AND DOWN SYNDROME WITH STUDENTS 10-22 YEARS OLD. MYCHAL'S ADULT DAY PROGRAM FOCUSES ON JOB SKILLS & INDEPENDENT LIVING SKILLS WITH STUDENTS 18-30 YEARS OLD. PLEASE VISIT OUR WEBSITE WWW.MYCHALS.ORG TO SEE WHO WE ARE AND WHAT WE ARE ALL ABOUT. WE THANK YOU IN ADVANCE FOR YOUR INTEREST IN VOLUNTEERING. *IF YOU HAVE ANY QUESTIONS ABOUT MYCHALS, PLEASE CONTACT US AT 310-297-9333 OR INFO@MYCHALS.ORG*

PERSONAL INFORMATION			
Full Name:			
Address:			
City:		Zip Code:	
Home Phone:		Cell Phone:	
Email:		Date of Birth:	
School Attending:		Grade and/or Major:	
Why are you interested in volunteering?	<input type="checkbox"/> Personal Interest <input type="checkbox"/> Community Service Hours <input type="checkbox"/> Other _____ <input type="checkbox"/> Educational Internship <input type="checkbox"/> Court Ordered _____		
Have you ever worked @ Mychal's Learning Place? _____			
Have you ever received services from Mychal's Learning Place? _____			
Do you have a valid driver's license? _____ Do you have a car available for use while volunteering? _____			

EXPERIENCE AND EDUCATION
What is your educational/training background?
What is your employment history? Please attach resume if you have one. Does your current employer have (check all that apply): <input type="checkbox"/> Program for volunteering <input type="checkbox"/> Donation matching program <input type="checkbox"/> Grant preference to organizations where you volunteer
Have you ever volunteered before? If so, with what organizations and what kind of work did you do?
Please describe in a few sentences why you want to be a volunteer or intern at Mychals. Why, at this particular time in your life, have you chosen to volunteer with us? What do you hope to gain from this experience?

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YOUR INTERESTS

How did you learn about Mychal's Learning Place?

- Mychal's employee / intern School/college Website Current/previous volunteer Other

Please specify: _____

Which opportunities do you wish to further explore?

- After School Program Adult Day Program Saturday classes / programs

- Special events Office / administrative Where needed

Other: _____

How long can you commit to volunteering?

- One time 3-6 months Other _____

- Occasionally 6 months or more _____

What days are you available?

- Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

What times are you available?

- Mornings Afternoons Evenings

Date you can begin: _____

Do you prefer to work (check all that apply):

- Directly with people Computers Specific Committee No preference

- Behind the scenes Maintenance Fundraising Other: _____

Special Skills:

Other languages you speak: _____ basic conversational fluent

_____ basic conversational fluent

Do you have any special needs or restrictions we should be aware of?

CRIMINAL HISTORY

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes No

If yes, explain:

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PARENT/GUARDIAN INFORMATION (IF APPLICANT IS UNDER 18)

Parent/Guardian 1:			
Address:			
City:		Zip Code:	
Home Phone:		Cell Phone:	
Email:			
Parent/Guardian 2:			
Address:			
City:		Zip Code:	
Home: Phone:		Cell Phone:	
Email:			

I, the undersigned parent or guardian(s) of _____, do hereby authorize and give my consent to medical, surgical and dental diagnostic procedures or treatment including, but not limited to physical examination, inoculations and therapeutic treatment of my above-named child whenever any of the foregoing is deemed necessary by a licensed physician/dentist. A consent in advance for such treatment is authorized by Section 25.8 of the Civil Code of California.

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

I also give Mychal's Learning Place permission to use photographs, video, or other forms of media of my child for documentation and/or publication materials: **Initials:** _____

EMERGENCY CONTACTS

Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Please list/describe any allergies/other medical conditions you feel we need to be aware of.					

MYCHAL'S VOLUNTEER/INTERN

As a Mychal's volunteer/intern, I understand that I am committing to representing Mychal's Learning Place, my school, my family, and my community to the best of my ability.

Print Name: _____

Signature: _____ **Date:** _____

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VOLUNTEER / INTERN REFERENCE CHECK

_____ is applying for a Volunteer / Intern position with MYCHAL'S LEARNING PLACE. Please assist us by returning this completed form to Mychals (contact info above).

Name:

Title:

Affiliation:

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

What are some of the applicant's greatest strengths?

What are some of the applicant's greatest challenges?

If applicable, would you recommend this person to volunteer with youth and/or young adults with developmental disabilities? Yes No

Please explain:

Please provide us with your contact info if we need to reach you:

Email: _____

Phone: _____

Signature: _____ Date: _____

Thank you for your assistance.

