

Contact Information										Please I	Print Clearly
Salutation: □Mr. □Mrs. □Ms. □Mx.							Civi(	Core ID:			
Legal First Name:	Middle Name:					Legal Last Name:					
Preferred Name:						☐ Under 18 Years Old					
Primary Address:					Apt #:						
City:	State:				Zip Code:						
Personal Email:	I			Worl	k Em	ail:					
Cell Phone:	Work	k Phone	:	L			Hom	ne Phone:			
Recent Education and Professional Expe	erienc	e									
Name of Recent School:				Com	Company/Agency:						
☐ High School ☐ Undergraduate ☐ Graduate				Job 7	Job Title:						
Year in School (if applicable):				Year	Years in Current Position:						
Field of Study:				Othe	Other Work Experiences:						
Graduation Year/Expected Year:											
Current Status: ☐ Student ☐ Working Prof	ession	ial 🗆 U	nemplo	yed □ (	Othe	r:					
Language Capacity											
Proficiency in <b>Speaking</b> Languages	□Eı	☐ English ☐ Mand		ndarin	arin   Cantonese			Spanish 🗆 C		Other:	
Proficiency in <b>Writing</b> Languages	□ Eı	☐ English ☐ Chines			ie			Spanish I	□ Other:		
Proficiency in <b>Reading</b> Languages	□Eı	☐ English ☐ Chines			;e			Spanish	ish 🗆 Other:		
Proficiency in <b>Understanding</b> Languages	□Eı	□ English □ Mand		ndarin	arin □ Cantonese □			Spanish			
General Availability											
Times			nday	Tueso	day	Wednesd	lay	Thursda	ıy	Friday	Saturday
									$\perp$		
									+		



My Emergency Contacts						
	Relationship to you:	Phone:				
Name:	City:	State:				
	Relationship to you:	Phone:				
Name:	City:	State:				
personal data as strictly confidential. Data unless authorized by federal mandate. Data I give my permission to BCNC to documend/or educational purposes. I understand tagents, officers, and trustees from all claims I understand that BCNC performs background acceptance as a BCNC volunteer will be deposited in the control of the control of the performation knowingly provided here, and unless authorized the control of the con	ston Chinatown Neighborhood Center, Inc. (BCNC) values your participation and privacy as a program participant,. BCNC treat resonal data as strictly confidential. Data is not disclosed to parties who have not signed a Disclosure/ Confidentiality Agreemer less authorized by federal mandate. Data is stored in confidential and secure platforms and accessible only by authorized personne. I give my permission to BCNC to document and use audio, visual, photograph, print, and/or web media for nonprofit publicity d/or educational purposes. I understand that I am not entitled to any compensation for use. I hereby release BCNC, its employees, ents, officers, and trustees from all claims, demands, and liabilities whatsoever in connection with this use.  I understand that BCNC performs background checks on all volunteers and that this will be done on me. I understand that my septance as a BCNC volunteer will be dependent on the results of these checks.  I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that sinformation knowingly provided here, and on subsequent volunteer application forms, is grounds for dismissal.  I understand that BCNC and the Youth Center are not obligated to accept me as a volunteer, and the reasons for my being ected do not have to be disclosed to me.					



Youth Center
Do you have any accessibility needs that YC should be mindful of?
Do you have any volunteer/community service experience?
Do you have experience working with youth?
Why are you interested in volunteering with BCNC? Why are you interested in volunteering with YC?
What strengths and skills can you bring to this program?
What are your interests and hobbies?
If you could give advice to a youth, what would you say?
Complete the following sentences:
Youth are
My friends describe me as
When I was 14, I
A youth/teen center is
I work best with youth who are
Please check which YC program(s)/activities you are interested in volunteering for:  ☐ College Access and Post-Secondary Program Mentor  ☐ Chinese Immigrant Student Leadership (ChISL) Program  ☐ Career Development Activities  Do you prefer working with a particular age group?  ☐ 9 <sup>th</sup> -10 <sup>th</sup> (age 14-16)  ☐ 11 <sup>th</sup> -12 <sup>th</sup> (age 16-19)  ☐ No Preference
Were you born in the US?  ☐ Yes
□ No – Specify:



For the College Access and Pos	t-Secondary Program					
If we cannot match you with a suitable junior student in high school, are you open to being matched with a high school senior for a one-year mentorship, instead of a two-year commitment?						
What did you study in college (major, minor, significant courses, etc.)?						
How and why did you pick the col	lege you went to?					
How familiar are you with the fina	ancial aid process in applying to college?					
Would you be willing to support an undocumented or DACA student through CAP?						
Please provide an example of a mentor/mentee working relationship that you have found successful in the past.						
References						
	Relationship to you:	Relationship to you: Phone:				
Name:	Years of Acquaintance:	Email:				
	Relationship to you:	Phone:				
Name:	Years of Acquaintance:	Years of Acquaintance: Email:				
Staff Use Only						
☐ Intake Application	☐ Entered in CiviCore					
☐ CORI/BRC	☐ Processed ☐ Cleared					
	☐ Processed ☐ Cleared	☐ Processed ☐ Cleared				
☐ Interviewed	☐ Matched	☐ Matched				