

Group Leader:	Interview Date & Time:
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VOLUNTEER APPLICATION
Community Action Volunteers in Education (CAVE)
(Please complete one application for each program)

Name _____ Cell Phone _____

Local Address _____ City/Zip _____

Permanent Address _____ City/State/Zip _____

Email Address _____ Major _____

Emergency contact (Name, relation, & phone) _____

Chico State ID# _____ Portal user name _____

Circle One FR SOPH JR SR GRAD ALCI International Student

	<u>YES</u>	<u>NO</u>
1. I have volunteered for CAVE before. If yes, which program _____ Semester/Year _____		
2. I am volunteering in another CAVE program this semester. If yes, which one _____		
3. I am participating in CAVE in order to fulfill a course requirement. Course dept. & number _____ Instructor's name _____		
4. I have been employed by the Associated Students within the last two years.		
5. I am enrolling for units in order to be a full time student.		
6. I understand all CAVE units are considered to be regular University courses and that all standard fees apply.		
7. I have transportation: Bus _____ Car _____ Bike _____ Other (specify) _____		
8. I speak or write a language other than English (specify): _____		

Which program would you like to volunteer for? Circle one.

Kids Programs	Community Connections Programs
EXCEL Tutorial Classroom Aide Noontime and After School Activities (NASA) Helping Hands (EL Connections or Special Pals)	Adopt-a-Park Animal Connection Adopted Grandparent Senior Circle Community Outreach Ambassadors Alternative Spring Break

List previous experience you have had which would prepare you to be a volunteer in the program you have selected:

What can you offer a participant in this program & how can you apply your skills?

Professional References

Letter of Recommendation must be within **1 year**, on letterhead and summarize the capacity and length of time the applicant and the reference have been acquainted, and must include the reference's name, email, and daytime telephone number. Examples include employers (preferred), coaches, former teachers, etc. They cannot be from friends or family members. Attach the letter of recommendation to the application **OR** bring it to the interview.

Name of reference: _____ Capacity Known?: _____

Attach the letter of recommendation to the application OR bring it to the interview.

****Note: References are NOT needed for Returning Volunteers who are in good standing with CAVE.**

PLEASE mark the times you ARE AVAILABLE to volunteer with an X in the appropriate day and time box.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 -8:30					
8:30 – 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00 – 10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 -2:00					
2:00 – 2:30					
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
After 5:00					

I understand and agree any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from service with the Associated Students (AS) and Community Action Volunteers in Education (CAVE) and will result in notification to the College or School associated with my placement and Student Judicial Affairs. I am aware participating in certain programs may require disclosure of personal information, and a criminal background check. I consent to the AS obtaining such information and voluntarily give the AS and CAVE the right to investigate all references and to secure additional information as necessary about my suitability for participation. I understand all information obtained, whether oral or written, will be kept strictly confidential and only shared with those persons required by law or those who participate in the decision making process related to my placement to determine my qualification for programs. Participants in the decision making process include, but are not limited to, the AS, CAVE staff, the College or School associated with my placement and the community partner. I also understand placements are not guaranteed and it is the sole discretion of CAVE, the AS, and the community partner to place or remove me from a program.

Volunteer Signature _____

Date _____

If you need adaptations or accommodations for any reason, including religion, creed, gender identity, gender expression, a disability or chronic illness, please make an appointment to meet with the CAVE Program Coordinator or Program Director privately to discuss your specific needs.