

For office use only: Date received: _____

Follow-up call

Application entered

School Assigned: _____

Criminal History check complete

TB test complete



SOSMentor Mentor/Volunteer Application

Name _____

Address _____ City, State Zip Code _____

Phone _____ Email _____

How did you hear about this volunteer opportunity? _____

Are you volunteering for class credit? _____yes _____ no If so, number of hours needed _____

Occupation _____ If a student, College _____

Experience working with children _____

Languages spoken _____

Please put an "X" in the space for the Program/Event and Location(s) where you are interested in volunteering.

Note: All nutrition education and physical activity sessions take place afterschool between (3PM and 5 PM)

X	Program/Event	Schools or Locations (may vary based on scheduling needs)	Time Commitment
<input type="checkbox"/>	Healthy Athletes Program	TBD	30 mins/week for 12 weeks
<input type="checkbox"/>	Imagine HEALTH	Sylmar Biotech Hamilton High School (schools subject to change)	1.25/hrs/week for 6 weeks
<input type="checkbox"/>	Imagine HEALTH Study	Lincoln High School Mendez High School Wilson High School Roosevelt High School	1.25 hrs/week for 6 weeks
<input type="checkbox"/>	Spring Fundraiser - Luncheon or Silent Auction	TBD	4 hours
<input type="checkbox"/>	HSC Awards Dinner	TBD	4 hours
<input type="checkbox"/>	SOSMentor Office	23622 Calabasas Rd, Suite 146, Calabasas CA	Min 4hrs/week

Signature _____ Date _____

* Volunteers on a school campus must submit to a background check and have TB test within the last 6 months per LAUSD requirement

Please fax completed application to:

(818) 222-4322

Or e-mail a copy to info@sosmentor.org

(e-mailed typed copy substitutes as your signature above)