

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	Days and Times	Time Commitment
	Healthy Athletes Sports Nutrition	Tues 3:30 - 4:30	1 hr/week / 12 weeks
	Healthy Athletes Sports Nutrition	Wed 3:30- 4:30	1 hr/week / 12 weeks
	Imagine HEALTH High School-Middle School Mentoring	Wed 3:00 - 4:30 Friday 3:00 - 4:30	1 hr/week/ 12 weeks
	Take Action Nutrition and Yoga Middle School & Parent Nutrition, Yoga, and Environmental Change Projects	Monday 8:00 - 10:00 Wednesday 8:00 - 10:00 Thursday 8:00 - 10:00 Friday 8:00 - 10:00	2 hr/week / 12 weeks
	Volunteer in Woodland Hills Office	Indicate your availability	4 - 12 hours/ week
	Join the SOSMentor Event Committee	Indicate your availability	TBD

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 email completed application to: info@sosmentor.org