



*Ophelia Program – a program of the John F. Kennedy Memorial Foundation*

**Date:** \_\_\_\_\_

## **VOLUNTEER APPLICATION**

All prospective Volunteers will have an interview and background check (at the applicant's expense) required by the Ophelia Program. In addition, Mentors will be required to undergo a second background check for the District they are assigned to (at the applicant's expense). Prior Department of Justice clearances are not transferable by law. We ask that Volunteers commit to at least one full school year of service.

### **APPLICANT DATA**

Name: \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Referred By: \_\_\_\_\_

How did you hear about the Ophelia Program?

\_\_\_\_\_

A. Why are you interested in volunteering for the Ophelia Program?

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B. What qualities and experience do you have that prepare you to be a good volunteer?

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C. What hours, days and months are you available?

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**APPLICANT BIO** (Please attach a resume if you have one)

Employer (If applicable): \_\_\_\_\_ Position: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

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<u>School Name</u>	<u>No. of Yrs. Completed</u>	<u>Did you Graduate</u>	<u>Degree or Diploma</u>
College/University/Vocational			

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Primary Business, Career or Life Experience:

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Community Affiliations such as groups, clubs or organization memberships and other activities that require ongoing commitment of time (please describe): \_\_\_\_\_

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List special training, skills, interests or hobbies: \_\_\_\_\_

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Languages other than English: \_\_\_\_\_

**PROFESSIONAL OR VOLUNTEER REFERENCE**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_

**PERSONAL REFERENCE**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_

Mentors are assigned to schools based on need. Below is a list of school sites that host Ophelia Program Sessions.

<b>DSUSD</b>	<b>PSUSD</b>	<b>CVUSD</b>
Colonel Mitchell Paige MS	Desert Springs MS	Toro Canyon MS
Desert Ridge Academy MS	Painted Hills MS	Coachella Valley HS
Indio MS	Raymond Cree MS	Desert Mirage HS
John Glenn MS	Cathedral City HS	
La Quinta MS	Palm Springs HS	
Palm Desert Charter MS	Rancho Mirage HS	
Thomas Jefferson MS	Desert Hot Springs HS	
Indio HS		
La Quinta HS		
Palm Desert HS		
Shadow Hills HS		

If there is a school or district you can't serve please list it below along with the reason:

\_\_\_\_\_  
\_\_\_\_\_

If accepted as a Volunteer of the Ophelia Program I agree:

- To attend all required Volunteer meetings as scheduled.
- To attend required Volunteer Certification trainings specific to the Ophelia Program.
- To follow all rules and standard operating procedures as determined by Ophelia Program Board of Directors and the School District(s).
- To model appropriate behavior that creates safe social environments and embraces the philosophies of the Ophelia Program and the School District(s).
- To maintain professional diplomacy, courtesy and integrity in words and actions.
- To dress appropriately in conservative business attire.
- The Volunteer Roster and the information contained, is private and may not be shown to groups or individuals outside the Ophelia group; may not be used to promote any personal marketing, or cross-fundraising for other organizations.
- Volunteers may not use their volunteer position to promote religious, political economic or social bias.

## APPLICANT STATEMENT

Ophelia Program is authorized to receive state summary criminal history information from the files of the Department of Justice for employment, volunteer, licensing or certification purposes. Ophelia Program further requires that fingerprint transactions submitted for this purpose be retained in Bureau files for California only subsequent arrest notification service pursuant to Section 11105.2 of the California Penal Code. Ophelia Program certifies that all requirements for criminal record security and privacy of individuals will be met. Ophelia Program will notify the Bureau of Criminal Identification and Information when it no longer has a legitimate interest in a subject, as required by Section 11105.2 of the California Penal Code.

By my signature below, I authorize investigation of all information contained herein pertinent to processing of this application for the Ophelia Program. Further, I understand that if accepted, Ophelia Program reserves the right to decline and / or rescind my volunteer status at any time with or without cause. Volunteer status will be reviewed annually and continuation as a Volunteer is by invitation. This application and all its contents will be kept confidential.

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Applicant Signature

Date

*73-555 San Gorgonio Way | Palm Desert, CA 92260 760-776-1600 Ext. 122*

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