

A Place of Learning-Volunteer Application

Full Name: _____ Date of Birth _____ Gender _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Drivers License # _____

Employer (or school you attend) _____ E-Mail _____

Emergency Contact _____ Phone Number (s) _____

Volunteer position you are interested in: _____

Why are you interested in becoming a volunteer with A Place of Learning? _____

How did you hear about A Place of Learning? _____

AVAILABILITY (Circle all that days and times that apply)

Hours of Tutoring- 2:30-3:30 3:30-4:30 4:30-5:30

Monday

Tuesday

Wednesday

Thursday

Friday

SKILLS/INTERESTS: What are your specific Skills, talents or interests? (Circle all that apply)

Tutoring ESL Computer training/technology Mentoring Volunteer recruitment

Administration Staff training Other _____

Are you interested in a particular age group? _____

Do you speak any other languages? _____

REFERENCES- Please include at least one (a teacher, if you are a student)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Have you ever been convicted of any criminal activity within the last seven years? If yes, please explain the circumstances. (This will not necessarily keep you from becoming a volunteer.)

All Volunteers of A Place of Learning must be fingerprinted and background checked.

I verify that the above is true and accurate. Signature _____ Date _____

Please mail to: **A Place of Learning P.O. Box 1043 Brentwood Ca, 94513**

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A9541 Type of Application: VOLUNTEER
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: VOLUNTEER

Agency Address Set Contributing Agency: A PLACE OF LEARNING 11203
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
P.O. BOX 1043 Jim Sullivan
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
BRENTWOOD CA 94513 (925) 513-8731
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI
 Alias: _____ Driver's License No. _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. **BIL** 147914
Agency Billing Number (if applicable)
 Height: _____ Weight: _____ Phone No: _____
 Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
 Place of Birth: _____
 SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.) Level of Service DOJ FBI
 If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
 Employer Name _____
Street no. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No Amount Collected/Billed.

The Cost at the **UPS Store in Oakley** is \$30. UPS fingerprints every day, and will take appointments. Location is 2063 Main St., Oakley, Phone # 625-0221.

The cost at the **Brentwood Police Department** is \$35.75. The BPD's hours are 1:30 p.m. to 4:30 p.m. Wednesday and Thursday only. Location is 100 Brentwood Blvd.