

Orientation Date _____
 \$10 Processing Fee Paid: _____
 Cash Check Online
(For Office Use Only)



Website: www.lbblast.org
 Phone: (562) 437-7766
 Fax: (562) 437-7719
 Email: leslie@lbblast.org, (A-K)
 amanda@lbblast.org, (L-Z)

Previously fingerprinted through LBUSD (within the last 2 yrs)

LONG BEACH BLAST VOLUNTEER APPLICATION

Welcome! To ensure the processing of your application in a timely manner please be sure to complete all pages of the application with as much information as possible. Failure to do so may result in a delay when processing your application. **PLEASE PRINT CLEARLY!** Thank You.

PERSONAL INFORMATION

Are you a new or returning BLAST volunteer? New Returning (I have volunteered with BLAST before)

Name: _____ SS#: _____ DOB: _____ Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cellular/other: () _____ Work Phone: () _____

E-mail: **(Print clearly)** _____

Identify the best way to contact you: Email Cellular Home Phone Work Phone

Emergency Contact: _____ Phone: () _____ Relationship: _____

HOW DID YOU HEAR ABOUT BLAST? (check only one box)

College Course: If yes, please complete the following questions below:
 Which college are you volunteering with? CSULB LBCC Other _____
 What is the name of your professor that is partnering with BLAST? _____
 What is the course name & ID? _____
 Which year are you in school? _____ What is your declared major? _____
 Post Graduate work? _____ Specialization? _____

CLMER: Position # _____

SERVE: Please list which rotation you are completing this semester _____

Operation Read

On my own – How did you hear about us? Flyer Internet Friend Classmate

Other _____

COMMITMENT LEVEL

Indicate what level of commitment you can /are required to volunteer:

BLAST minimum: 16 hours ON-SITE minimum of 8 weeks

My course requires a time commitment higher than the BLAST minimum.
 I must complete _____ per week and a TOTAL of _____ hours.

I would like to do more than the BLAST minimum. Please schedule me for _____ hours per week.

BLAST Minimum Requirements

- 8-10 Weeks Total
- 19-20 Hours Total
- 15-16 Hours On-Site
- 3 Hour Training
- 1 Hour Workshop (mid-semester)

Your course requirements may be different. Ask if you are unsure.

CONTINUE →

BACKGROUND INFORMATION – All information is kept confidential

To provide a safe and positive environment for the children in BLAST’s participating after school program sites, it is important to obtain adequate information from each applicant. Please answer the following questions to assist in this process. Any information you provide will be kept confidential between BLAST and the after school program provider at whose site you will be volunteering.

- Have you ever been arrested for a criminal offense, excluding minor traffic violations? Yes No
- Have you ever been accused, arrested or convicted for any sexually related crimes? Yes No
- Have you ever been accused, arrested or convicted for any substance abuse-related crimes? Yes No

If you answered **YES** to any of the previous questions, please explain specifically what happened and when the violation occurred.

APPLICANT STATEMENT - You must read and sign in order to volunteer

- I authorize investigation of all statements contained in this application form if I am to be considered as a volunteer, and hereby authorize all references to give any and all information regarding my employment or scholastic standing together with any personal information, that may not be on their records. I understand that misrepresentation or omission of the facts called for hereon, or receipt of unsatisfactory references will be sufficient cause for dismissal from BLAST and the after school program provider’s services as a volunteer. I further understand that if I volunteer, my position will be at will and either of us may terminate our work relationship at any time.
- I also agree to indemnify and hold harmless Long Beach BLAST (Better Learning After School Today), its partners, their boards and commissions and their officers, agents and employees from and against all claims, loss or liability of any kind or nature for any possible injury incurred during volunteer service.
- I acknowledge that I have read and understand the above statements and that I voluntarily sign this application.
- I understand that Long Beach BLAST has the right to deny my volunteer application without explanation.
- If placed as a BLAST volunteer, I commit to completing the BLAST minimum hours and all BLAST requirements.

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

CONTINUE→



ALL volunteers are required to fill out this page. Failure to do so may delay your BLAST placement.

“Opening the Doors to a Brighter Future”

I, _____ have a basic knowledge of the English language and feel comfortable providing reading and writing assistance to the following age groups. Please check all that apply.

Early Elementary
(Grades K-2)

Upper Elementary
(Grades 3-5)

Middle School
(Grades 6-8)

High School
(Grades 9-12)

Please answer the following questions using complete sentences.

Why do you want to volunteer with Long Beach BLAST (besides that you may receive credits for a course)?
(2-3 sentence minimum required)

What characteristics do you have that will make you a good role-model to a child?
(2-3 sentence minimum required)

CONTINUE→



Return this page to BLAST
as soon as possible!
Deadline: September 19th!

"Opening the Doors to a Brighter Future"

VOLUNTEER REFERENCES

Please give the names and phone numbers of 2 current personal references who would be able to provide information about the quality of your work, your sense of responsibility, and your good moral character. This can be an employer, a teacher, a pastor, or a friend. Each person you list must be available to sign below their name attesting to your good moral character and ability to be a positive role model to the children and youth you will work with as a BLAST Volunteer. Be sure to tear off this form from your application and return to BLAST, COMPLETE with signatures. Please note that BLAST WILL NOT process you without this completed reference page.

Volunteer First Name _____ **Volunteer Last Name** _____

Last 4 digits of Social Security Number _____

References:

Professional or Academic Reference:

1) I, _____, attest that the person whose name is listed above is a responsible person with good moral character. I believe he / she would be a positive role model working with children.

Signature of Reference _____ Phone Number _____

Relationship to Volunteer: _____

Family Member or Friend

2) I, _____, attest that the person whose name is listed above is a responsible person of good moral character. I believe he / she would be a positive role model working with children.

Signature of Reference _____ Phone Number _____

Relationship to Volunteer: _____

DONE 😊