



Tavis Smiley Foundation
Chaperone/Dorm Monitor Application for the 2013 Leadership Institute
July 26-29, 2013 – UCLA Los Angeles, CA

Please print. Complete all sections. Return completed application to:
4434 Crenshaw Blvd., Los Angeles, CA 90043; Telephone: (323) 290-1888 or (866) U-CAN-
Y2L. Fax: (323) 290-1988; E-mail: y2l@tavistalks.com

NAME First Middle Last

ADDRESS Street City State Zip

TELEPHONE Day Evening Cell Social Security Number

EMAIL ARE YOU AGE 21 OR OVER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (e.g., felony or misdemeanor including DWI, DUI, etc., but
not including minor traffic violations or any convictions as a youthful offender)? YES NO

If yes, please explain the place, date, and disposition of any convictions:

HAVE YOU EVER PARTICIPATED IN PREVIOUS TAVIS SMILEY FOUNDATION EVENTS? YES NO

IF YES, PLEASE PROVIDE THE EVENT DETAILS, YOUR ROLE AND THE DATE.

Blank lines for event details.

IF YOU HAVE YOUTH or AN ORGANIZATION YOU WISH TO CHAPERONE, PLEASE LIST:

Group Name:

Student Name(s):

I DO NOT HAVE A GROUP. PLEASE CHECK HERE:

SERVICE INTEREST: PLEASE INDICATE YOUR AREA OF INTEREST FOR SUPERVISION.

Chaperone Service Daytime 7 am – 11:30 pm – Overnight Stay Preferred

Dorm Monitor Evenings 11:30 pm – 1 am – No Overnight Required

NOTE: Please review the chaperone guidelines for a description of both opportunities.

EMPLOYMENT EXPERIENCE (list most recent first) A resume may be faxed (323-290-1988) or emailed to Y2L@tavistalks.com if preferred for the employment section.

ORGANIZATION NAME _____ Location _____

Dates From _____ To _____ Position(s) _____

ORGANIZATION NAME _____ Location _____

Dates From _____ To _____ Position(s) _____

YOUTH WORK/VOLUNTEER EXPERIENCE

ORGANIZATION NAME _____ Location _____

Dates From _____ To _____ Position(s) _____

ORGANIZATION NAME _____ Location _____

Dates From _____ To _____ Position(s) _____

EDUCATIONAL INSTITUTION	HIGHEST YEAR COMPLETED	MAJOR / DEGREE
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List any specialized skills (training, certifications, etc.): _____

LIST **THREE** PEOPLE (NON-RELATIVES) WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS FOR YOUTH PROGRAM SERVICES. **Applications cannot be processed without complete and accurate information.**

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____
Street City State Zip

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____
Street City State Zip

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____
Street City State Zip

This is an application for a volunteer position for which there is no monetary compensation.

In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, sexual orientation, or on any other basis prohibited by federal, state or local law.

If applicable, I hereby authorize you to check my personal references and I further authorize these references to release information they have about me. I understand that criminal background checks may be required by state or federal law for persons serving children. A consent form will be provided if applicable.

I understand that any misrepresentation, omission, or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer service is subject to verification of references.

Signature

Date