

Volunteer/Intern Application

**Orange County Children’s Therapeutic Arts Center**

2215 N. Broadway, First Floor ● Santa Ana, CA 92706 ● 714.547.5468 ● www.occtac.org

 Please submit completed application and resume via email (JenniferN@occtac.org). If selected to Volunteer/Intern, we will e-mail you with your Orientation date and time.

|  |
| --- |
| Contact & Personal Information |
| Full Name:  |  | Date of Birth: |
| Street Address |  | ☐ Email: |
| City, State, Zip Code |  | ☐ Cell #: |
| OCCTAC is dedicated to providing a safe environment for all our students and families. In accordance with current regulations at CDC/State & Local Health Department, ALL individuals, are **required to wear a facemask while INDOORS at schools.**Due to our organization’s vulnerable participants, we require that all our volunteers are vaccinated. Please attach a copy of your vaccine card. Thank you for understanding. |
| **Emergency Contact Information** |
| Full Name: |  | Relationship: |  |
| Mobile#: |  | Home #: |  |
| **If under the age of 18** | **A parent/legal guardian MUST list their information and sign below.** Signing indicates they authorize the minor applicant to volunteer for OCCTAC/MECCA and agrees to the terms listed in the release below. |
| Parent’s/Legal Guardian’s Full Name: |  |
| Parent’s/Legal Guardian’s Signature:  | Date:  |

|  |
| --- |
| Education |
| **High School** | Name: | Current Status: ☐Enrolled ☐Graduated ☐Did not graduate |
| **Higher Education** | ☐Community College | ☐Undergraduate | ☐Graduate | ☐Technical School | Current Status: | ☐Graduated |
| College Name: |  | Years in college:☐1 ☐2 ☐3 ☐4 ☐5 ☐6+  | ☐Enrolled (Part Time) |
| Degree/Major: |  | ☐Enrolled (Full Time) |
| ☐Community College | ☐Undergraduate | ☐Graduate | ☐Technical School | Current Status: | ☐Graduated |
| College Name: |  | Years in college:☐1 ☐2 ☐3 ☐4 ☐5 ☐6+  | ☐Enrolled (Part Time) |
| Degree/Major: |  | ☐Enrolled (Full Time) |
| **Are you volunteering for SCHOOL CREDIT?** ☐Yes ☐No | **Is this an INTERNSHIP or FIELD STUDY STUDENT?** ☐Yes ☐No |
| **If you answer YES to either question above, please FILL OUT section below.** |
| Class/ Program Name: |  | Total Hours Needed: |  |
| Professor Name: |  | Office#: |  | Desired Hours/Week: |  |
| Email: |  | Complete Hours by: | \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ |

|  |
| --- |
| Availability to Volunteer |
| Length of Commitment:\* Must commit to a full session | ☐Fall Session (Aug-Dec) | ☐Winter Session (Jan-Feb) | ☐Spring Session (Feb-May) |
| ☐Summer Session (June-July) | ☐One-Day/ Project Based |  |
| **Please be as accurate as possible.** **Schedules will be created based on your availability as well as the availability in our programs.** |
| Available Start Date: |  | Wednesday: |  |
| Sunday: |  | Thursday: |  |
| Monday: |  | Friday: |  |
| Tuesday: |  | Saturday: |  |
| **As an OCCTAC/MECCA volunteer or intern, I understand that I might need to participate in festivals, workshops, or events.** Initials here: \_\_\_\_\_\_\_  |
| Placement Opportunities |
| **Program Name****Please rate your top 4 placement selections in order using # 1 - 4.** | **Program Hrs** |
| \_\_\_\_\_ | **Prep ARTS Program:** provides artistic training in the fields of Music, Visual Arts, Dance, and Musical Theatre to children and at-risk youth with or without special needs. If you have experience, please add the number of years of experience. Please keep in mind our Prep Arts classes are afternoons + Saturdays | Monday - Thursday 2:30 - 7:00 pmSaturday 9:00 - 2:00 pmSchedule depends on classes assigned |
|  | ☐Art: \_\_\_\_\_years |
|  | ☐Martial Arts: \_\_\_\_\_years |
|  | ☐Dance: |
|  | ☐Ballet \_\_\_\_\_years | ☐Folklorico \_\_\_\_\_years | ☐Danza Espanola & Flamenco \_\_\_\_\_years |
|  | ☐Musical Instruments: |
|  | ☐Acoustic Guitar \_\_\_\_years | ☐Drums \_\_\_\_years | ☐Violin \_\_\_\_years | ☐Piano \_\_\_\_\_years |
| \_\_\_\_\_ | **Therapeutic ARTS Program:** offers music and art therapy to children and youth of all ages and disabilities to enhance their psychological, socio-emotional, communication/ linguistic and cognitive development. | Monday - Thursday 2:30 - 7:00 pmSaturday 9:30 - 11:30; 12:00 - 2:00 |
|  | ☐ Private Piano  | ☐ Drums | ☐ Guitar |
| ☐ Studio Art | ☐ Dance | ☐ Martial Arts |
| \_\_\_\_\_ | **Administrative:** Assist OCCTAC staff members in various projects around the office. | Monday - Thursday 9:00 - 5:00Friday 9:00 - 2:00 Saturday 9:00 - 2:00 pm |
|  | ☐ Customer Service \_\_\_\_\_years | ☐ Data Entry \_\_\_\_\_years | ☐ Phone calls/Filling \_\_\_\_\_years |
| ☐ Marketing \_\_\_\_\_years | ☐ Social Media \_\_\_\_\_years | ☐ Grant Writing \_\_\_\_\_years |
| \_\_\_\_\_ | **Socialization:** provides isolated adults in the OC with the opportunity to reintegrate into the community by incorporating healthy activities into their daily lifestyle and improving their quality of life. | Flexibility Mon - Fri |
|  | ☐Case Management | ☐Community Outreach | ☐Data Entry | ☐Event Planning | ☐Child Care |
|  | ☐Administrative | ☐Help with adult classes | ☐Networking |  |  |
| \_\_\_\_\_ | **Young Adults Mentoring/Tutoring:** provides support to young adults (14-24 years old) in the form of educational coaching in subjects like Math, English, History, etc. | Flexible HoursMon-Sat |
|  | List any areas you can tutor + how many years of experience in that subject: |

|  |
| --- |
| Skills |
| **Check any skills that apply.** List languages you speak:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ☐Fundraising | ☐Photography/Videography | ☐Social Media | ☐Exercise | ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ☐Grant Writing | ☐Graphic Design/Marketing | ☐Teaching ESL | ☐Translation – Verbal | ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ☐Internet Research | ☐Press Releases | ☐Writing/Editing | ☐Translation – Written | ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there another service you would like to provide? Please add what else you would be interested in if not yet mentioned above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years of experience\_\_\_\_\_\_\_\_\_ |
| **Working with students with Special Needs.**  |
| Please describe any experience working with special needs children & how long you have worked with special needs children. \_\_\_\_\_\_\_\_\_ yrs |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I understand that I will volunteer/intern in classes/programs with Special Needs children and that I might be required to work with those students.** Initials here: \_\_\_\_\_\_\_\_ |

|  |
| --- |
| Employment Experience |
| **Company**: | Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title/Responsibilities: | Phone #:Email: |
| **Company**: | Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title/Responsibilities: | Phone #:Email: |

|  |
| --- |
| Previous Volunteer Experience |
| **Organization**: | Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title/Responsibilities: | Phone #:Email: |
| **Organization**: | Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title/Responsibilities: | Phone #:Email: |

**Volunteer Service Release**

By signing the statement below, I certify that the information I have provided is true and correct to the best of my knowledge. In the consideration of my application for a volunteer service position with the Orange County Children’s Therapeutic ARTS Center (OCCTAC)/ Multi-Ethnic Collaborative of Community Agencies (MECCA), I acknowledge the following:

I agree to maintain the confidentiality of any and all information relating to OCCTAC/MECCA’s program participants. I will complete the Health Care Agency Compliance Training within 30 days of starting my volunteer service to ensure I have a full understanding of confidentiality regulations and ethics.

I hereby release OCCTAC/ MECCA, its employees and affiliates from any and all liability for damage to or loss of personal property, sickness or injury, death, imprisonment or other legal actions which may occur while participating as a volunteer. Specifically, I release said persons from any liability or responsibility for my physical condition, my mental health or for the presence and actions of other participants I may come into contact with. I state that I am in sufficient physical condition to accept the level of physical activity agreed upon with OCCTAC/ MECCA and I freely choose to participate; if my physical condition is not sufficient to participate, I agree to inform OCCTAC/ MECCA immediately to ensure a safe volunteer experience. I understand OCCTAC/ MECCA does not provide medical coverage for me. I agree that I will be responsible for any medical costs I may incur as a result of my participation.

I agree that this relationship is strictly voluntary and can be ended by OCCTAC/ MECCA or myself with or without cause at any time.

Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:**

Upon being **selected**,Volunteers/Interns will be **required** to complete a

Livescan Background Check and provide proof of a current TB Test.

**Office Use ONLY:**

Date Reviewed: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_

Status:

☐Eligible - Selected

☐Eligible - Not selected at this time

☐Not Eligible

Revised 7/8/2021