

2010 Summer School & Camp: 5 week program (June 27 - July 30)

For those reapplying, please complete the following application and send to The DREAM Project, PO Box 4136, Ithaca, NY 14852. Applications must be postmarked by February 1, 2010.

First Name **Birthdate**
Last Name

Permanent Address:

Street
City
State/Province **Zip Code**
Country

Email
Phone 1 **Phone 2**

Nationality
SS/Government ID #

Please list any dates that you will not be available from June 27 to July 30 and explain why.

Please understand that volunteer positions are full-time and volunteers will be expected to work 40 hours a week. Any time off or holidays will require advance notification and authorization.

Job Preferences

Please check or rate the areas in which you have an interest.

Please rate based on a scale of 1-4, 1 being the least interested, 4 being extremely interested.

Youth or Adolescent Program: (Youth are ages 9-12, Adolescents are ages 13-17)

Youth 1 2 3 4

Adolescent 1 2 3 4

Instructor Categories:

Music & Dance 1 2 3 4

Science & Nature 1 2 3 4

Arts & Crafts 1 2 3 4

Life Skills/Health 1 2 3 4

Sports 1 2 3 4

Academic Tutoring: English 1 2 3 4

Academic Tutoring: Math 1 2 3 4

Academic Tutoring: Reading 1 2 3 4

Academic Tutoring: Writing 1 2 3 4

Special Skills/Areas of Interest:

<input type="checkbox"/> Computers	<input type="checkbox"/> Instrumental Music	<input type="checkbox"/> Other:
<input type="checkbox"/> Drama	<input type="checkbox"/> Windsurfing	
<input type="checkbox"/> Swimming	<input type="checkbox"/> Sailing	

Areas in which you do not want to participate:

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Previous positions held with DREAM:

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Education

High School

High School Address

Graduated? Yes No

Awards & Honors

College/University

College Address

Graduated? Yes No

College Awards & Honors

College Major/Minor/Specialized Coursework

Graduate School

Graduate School Address

Graduated? Yes No

Graduate Awards & Honors

Graduate Major/Minor/Specialized Coursework

Work History

Please list the three most current positions held.

Employer	Job Title	Dates of employment

Job Address	Job Description

Reason for leaving

Supervisor Name and Contact Info	<input type="text"/>	May we contact? <input type="radio"/> Yes <input type="radio"/> No
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Employer 2	Job Title	Dates of employment

Job Address	Job Description

Reason for leaving

Supervisor Name and Contact Info	<input type="text"/>	May we contact? <input type="radio"/> Yes <input type="radio"/> No
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Employer 3	Job Title	Dates of employment

Job Address	Job Description

Reason for leaving

Supervisor Name and Contact Info	<input type="text"/>	May we contact? <input type="radio"/> Yes <input type="radio"/> No
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Licenses/Certifications

Please list job-related licenses or certificates such as nursing, CPR, and skilled trades. If you are or will be a certified teacher, please note which subject and grade level.

Spanish Language Proficiency

Is Spanish your first language? Yes No

If not, what is your Spanish proficiency level in the following areas?
(1 = poor, 2 = basic, 3 = good, 4 = excellent)

Reading 1 2 3 4

Writing 1 2 3 4

Speaking 1 2 3 4

Comprehension 1 2 3 4

En español, favor explicar como es que llego a aprender la lengua española. ¿Cómo fue esta experiencia de aprender?

Experience

Please list all volunteer experience/services and relative work history.

Please list any additional skills, trainings and experiences, which would further qualify you for the position.

How did you first hear about DREAM Project?

Have you ever been convicted of or plead guilty to a criminal offense (felony or misdemeanor)?

Yes No

If so, please explain. Is Litigation Pending?

Essay Questions

Please attach a 1-2 page response that answers the following.

- 1) Please explain why you would like to return to the DREAM Guzman Ariza Summer School & Camp program.
- 2) What are your goals for this upcoming summer?

References

Please list three references who have known you for at least one year, including one from a past employer or professor.

Reference Name 1

Relationship to You

Contact Information

Reference Name 2

Relationship to You

Contact Information

Reference Name 3

Relationship to You

Contact Information

The above information is true and complete to the best of my knowledge. If accepted by DREAM Project, any misrepresentation, false statements, or omissions contained herein will be considered cause for dismissal.

The DREAM Project has my permission to obtain all necessary information from the references I have listed, or any other source, concerning my prior employment or personal history and release all parties from possible damages resulting from disclosing such information with or without prior written notice by me.

The DREAM Project will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Printed Name

Signed Name

Date

Office Use Only

Notes: