



Cultural Academy for Excellence, Inc
 11305 Chantilly Lane, Mitchellville, MD 20721
 O: 301 785 0390 / 240 667 2235 www.cafeyouth.org

Consultant/Volunteer Application Form

Date: _____

Services to be Provided: Consultant _____ Volunteer _____

Component : Academic /SAT

Music

Creative Art

Health & Wellness

Robotics/STEM

Sewing

This application does not discriminate in securing applicants on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name: _____

Last	First	Middle
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Residence: _____

Street	City	State	Zip
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Telephone Number: Home _____ Work _____ Are you 18 years or older? Yes No

Date of Birth: _____ Social Security Number: _____

Occupation:

Employer Name	Supervisor Name	Phone Number
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College: _____ Under Grad _____ Grad Sch _____

Describe your formal/informal training and experience pertinent to the services you would provide.

What do you hope to gain from working at CAFE?

Other organizations to which you have provided services:

Supervisor: _____ Phone #: _____

When are you available to work? (days, times, dates)

To Be Completed by All Applicants

Have you ever been convicted of any criminal offense other than the following:

Minor traffic violation fine \$500.00 or less; **or** offenses settled in juvenile court or under welfare youth offender law.

Yes No If yes, please explain:



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Certifications

Are you certified in: **a)First Aid** Yes No **b)CPR** Yes No **c)Pediatric CPR** Yes No **d)Lifeguard** Yes No

When Driving Is Required

1. Do you have a valid driver's license? Yes No # _____
2. Do you have a valid Class 11/B license? Yes No
3. Do you possess a youth bus/school bus driver's certificate? Yes No

In compliance with U.S. Department of Transportation FHWA, CAFE will conduct pre-agreement drug testing and random drug and alcohol testing of bus drivers

References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any Consultant/employment involving supervision of children.

1. _____
 Name Occupation Work Phone Home Phone
2. _____
 Name Occupation Work Phone Home Phone

Background Checks

It is mandatory that all CAFE staff, consultants,volunteers must have PGCPs background checks prior to working with CAFE.

Emergency Information

Name and phone number of person to be notified in case of accident or emergency.

 Signature of Applicant

 Date



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Every Nonprofit’s Position On The Nationwide Problem Of Child Abuse

We make an active effort to prevent child abuse, which may include but is not limited to the following:

A background check, and references from past employers and Consultant organizations.

When practical, CAFE should not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

CAFE’s goals for children are:

1. To help children develop to their fullest potential.
2. To deliver programs in a positive CAFE environment of safety, support and care.
3. To support and strengthen the family unit.

Additional Consultant Code of Ethics And Rules

I have been informed of CAFE’s position regarding child abuse, and have read and understand that portion of my Consultant Application and Agreement titled “CAFE’s Position on the Nationwide Problem of Child Abuse.” I understand that in addition to the state mandates, CAFE will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by CAFE and will be reported to police and/or state agencies for investigation and that CAFE will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening, I still desire consideration as a Consultant for CAFE.

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my Consultant services regardless of when or how discovered; and that my service is subject to government regulations, CAFE’s review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for an Consultant position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant

Date

For Office Use Only

Branch: _____

Program/Dept./Camp: _____

Program Director: _____

Start Date: _____ End Date: _____