



Dear Applicant,

Before you will be considered for acceptance in the Civicorps' training program, **you must provide the following documents with the application** and attend a multi-day orientation to complete the enrollment process.

**REQUIRED DOCUMENTATION:**

- Birth Certificate
- Immunization Record
- Social Security Card
- CA Identification Card/Photo ID
- INS Card (if applicable)
- High School Diploma
- Transcript from last High School attended with CAHSEE results

**WHERE YOU CAN OBTAIN REQUIRED DOCUMENTS:**

**Birth Certificate**

Alameda County Clerk – Records Office – <http://www.acgov.org>  
1106 Madison Street, Oakland, CA 94607 (888) 280-7708 M-F 9-4:30  
(510) 272-6362

*Requirements: Full Name, Birth Date, Birth Place, Mothers Maiden Name, Legal Photo ID, \$19.00 Fee*

**Social Security Card**

Social Security Administration Offices – <http://www.socialsecurity.gov>  
238 11<sup>th</sup> Street, Oakland, CA 94607 (800) 772-1213 M-F 9-4:30  
2045 Allston Way, Berkeley, CA 94704 (800) 772-1213

*Requirements: Original copies of Birth Certificate, Identification Card, Immigration Status (if applicable)*

**CA Identification Card:**

Dept of Motor Vehicle (DMV) Offices – <http://www.dmv.ca.gov>  
5300 Claremont Ave, Oakland, CA 94618 (800) 777-0133 M-TTF 8-5, W 9-5  
501 85<sup>th</sup> Ave, Oakland, CA 94621 (800) 777-0133

*Requirements: Social Security Card, Birth Certificate, \$22 Fee*

**High School Diploma and/or Transcript**

You will need to request this from the last high school that you attended.

**Immunization Records**

You will need to request this from your parents, physician, or previous school attended.

Civicorps  
101 Myrtle Street  
Oakland, CA 94607  
Main: 510-992-7800  
Fax: 510-992-7950

Office use only:

- Transcript attached
- Immunization record attached
- Work Permit (if applicable)
- Entered into CMT \_\_\_\_\_
- Start Date \_\_\_\_\_

## CIVICORPS CORPSMEMBER ACADEMY Application

101 Myrtle Street  
Oakland, CA 94607  
(510) 992-7800

Office use only routing:

- Start Date: \_\_\_\_\_
- Recruiter
  - Dean of Students
  - Corpsmember File

**APPLICANT INFORMATION:**

SS# \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First \_\_\_\_\_

Last \_\_\_\_\_

Address

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female

Marital Status (Single, Married, etc) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

1 \_\_\_\_\_  
Parent/Guardian #1 (and relationship—for example: mother, grandfather, etc.) Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2 \_\_\_\_\_  
Parent/Guardian #2 (and relationship—for example: father, foster parent, etc.) Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3 \_\_\_\_\_  
Family Doctor/Local Medical Center Address \_\_\_\_\_ Phone \_\_\_\_\_

Is this applicant able to participate in all physical education activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

Is this applicant on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does this applicant have any special health conditions (for example: asthma, seizures, hearing impaired, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**PREVIOUS SCHOOLING INFORMATION:**

How many high school credits has this applicant completed? (If unknown, estimate) \_\_\_\_\_ Grade Level? \_\_\_\_\_

Has this applicant graduated from High School? \_\_\_\_\_ GED or Proficiency Exam? \_\_\_\_\_

Previous High School(s) Attended (most recent first):

1 \_\_\_\_\_  
Name of High School \_\_\_\_\_ City \_\_\_\_\_ Last Date Attended \_\_\_\_\_

2 \_\_\_\_\_  
Name of High School (if applicable or if previous school was adult school) \_\_\_\_\_ City \_\_\_\_\_ Last Date Attended \_\_\_\_\_

1. Has this applicant ever been in a Special Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was this applicant in a Special Education Program at the last school attended? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does this applicant have an active IEP (Individualized Education Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has this applicant passed any portion of the California High School Exit Exam (CAHSEE)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Which part has been passed (you must provide documentation): \_\_\_\_\_

# CIVICORPS CORPSMEMBER ACADEMY

## STATE REQUIRED INFORMATION

101 Myrtle Street  
Oakland, CA 94607  
(510) 992-7800

### DIRECTIONS:

The California Education Code requires each school to collect information about its students. Each school is required to submit this information to the State. The required information includes parent education, home language, race / ethnicity, and family income. Thank you for your help in filling out the following four surveys.

### PARENT/GUARDIAN EDUCATION LEVEL (give the response that describes the highest education level of either parent):

- Not a high school graduate       Some college       Graduate school / post graduate training
- High school graduate       College graduate       Declined to state or unknown

### HOME LANGUAGE SURVEY:

1. What language did this applicant learn when he/she first began to talk? \_\_\_\_\_
2. What language does this applicant most frequently use at home? \_\_\_\_\_
3. What language is most often spoken by the adults at home? \_\_\_\_\_
4. Is this student fluent in the English language (speaking, reading, and writing)? Yes\_\_\_\_ No\_\_\_\_ Not Sure\_\_\_\_\_
5. Has student ever taken the CA English Learner Development Test (CELDT)? Yes\_\_\_\_ No\_\_\_\_ Not Sure\_\_\_\_\_

### RACE / ETHNICITY SURVEY

Check the group with which the student most closely identifies:

<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian/Asian American		
<input type="checkbox"/> Pacific Islander		
If Asian or Pacific Islander is marked, then check all that apply:		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Filipino/Filipino American		
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> African/African American		
<input type="checkbox"/> White (not of Hispanic origin)		
<input type="checkbox"/> Other		

Check the group with which the student also identifies (if applicable):

<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian/Asian American		
<input type="checkbox"/> Pacific Islander		
If Asian or Pacific Islander is marked, then check all that apply:		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Filipino/Filipino American		
<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> African/African American		
<input type="checkbox"/> White (not of Hispanic origin)		
<input type="checkbox"/> Other		

### FAMILY INCOME SURVEY:

1. How many people live in your household? \_\_\_\_\_ 1A. Does applicant have child? If so, how many? \_\_\_\_\_
2. Does anyone in your household receive food stamps or CalWorks or FDPIR, etc.? Yes\_\_\_\_ No\_\_\_\_
3. Approximate ANNUAL family income (please check one below):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$10,830      | <input type="checkbox"/> \$18,311 - \$22,050 | <input type="checkbox"/> \$29,531 - \$33,270 |
| <input type="checkbox"/> \$10,831 - \$14,570 | <input type="checkbox"/> \$22,051 - \$25,790 | <input type="checkbox"/> \$33,271 - \$37,010 |
| <input type="checkbox"/> \$14,571 - \$18,310 | <input type="checkbox"/> \$25,791 - \$29,530 | <input type="checkbox"/> \$37,011 +          |

# CIVICORPS CORPSMEMBER ACADEMY

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## Master Agreement Form

Civicorps Corpsmember Academy is a program of **CHOICE**. When you sign this agreement, you are agreeing that you choose this program over all others that you are entitled to attend or have your child attend.

**Applicant's Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if Applicant is under 18)

\_\_\_\_\_  
Date

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## Interview / Photo Release Authorization

I give Civicorps the absolute right and permission to use and/or publish at any time my photographs, quotes and/or textual descriptions of me in its promotional materials and publicity efforts. I understand that the photographs, quotes or textual descriptions may be used in a publication, print ad, direct-mail, electronic media (e.g. video, CD-ROM, web page), or other form of promotion. I release Civicorps, the photographer, their offices, employees, and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if Applicant is under 18)

\_\_\_\_\_  
Date

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## Probation / Court Involvement Information

Have you ever been convicted of any offense? Yes \_\_\_ No \_\_\_

Misdemeanor? \_\_\_ Felony? \_\_\_ Date(s): \_\_\_\_\_

Do you have any court dates pending? Yes \_\_\_ No \_\_\_ Date(s): \_\_\_\_\_

Are you currently on probation or parole? Yes \_\_\_ No \_\_\_ Until what date? \_\_\_\_\_

P.O.'s Name: \_\_\_\_\_ Phone \_\_\_\_\_

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**CIVICORPS CORPSMEMBER ACADEMY**  
**FIELD TRIP PERMISSION / WAIVER FORM**  
(to be carried on trips by the school representative)

Civicorps includes regularly scheduled field trips to enhance the classroom learning and provide time for recreational activities. We encourage all applicants to participate. Without this form applicants will not be allowed to ride in Civicorps vehicles.

I hereby give my consent for myself (or daughter/son/ward) \_\_\_\_\_,  
attending the Civicorps Corpsmember Academy to go with Civicorps staff on educational and  
recreational outings.

In case of emergency please contact: \_\_\_\_\_

Phone # home \_\_\_\_\_ work \_\_\_\_\_

In case of injury, you are authorized to provide emergency medical treatment.

Restrictions / Allergies: \_\_\_\_\_

Critical Medical Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Male / Female

1. Release (Injury to myself or child or to my personal property): That I release the Civicorps, its Board of Directors, Agents, Officials and Employees for an injury or death to myself, child or for property damage on behalf of myself or my heirs or successors in interest arising from my participation in the event or activity described above which is conducted by Civicorps or is a Civicorps sponsored event.
2. Hold Harmless (Injury to Others or Property): That I will indemnify and hold harmless Civicorps its Board of Directors, Agents, Officials and Employees from any loss or liability (bodily injuries or death, and/or damage to property, including the loss of use thereof) which results or is alleged to have resulted from my participation or my child's participation in the event or activity described above.
3. Assumption of risk: That I assume all risks involved in my or my child's participation in the event or activity described above and that I recognize that I am solely responsible for my decision to participate or let my child participate in the event or activity and that the above release stated in paragraph 1 includes but is not limited Civicorps or a sponsoring agency.

\_\_\_\_\_  
Signature of Parent/Caring Adult (if applicant is under age 18)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CIVICORPS CORPSMEMBER ACADEMY**  
**Physical Limitations Questionnaire**

Corpsmember work is physically demanding and generally involves landscaping, recycling, planting, clearing brush and/or fire hazards, building trails, restoring creeks, cleaning flood channels, and painting. Most of this work is done outside and in all kinds of weather.

Please indicate if you have difficulty performing the following types of tasks.

- Bending
- Pushing
- Pulling
- Walking
- Climbing
- Standing for long periods of time
- Squatting
- Lifting 50lbs or more
- Sitting for long periods of time

Please provide details about the difficulty you may have performing any of the tasks that you marked above:

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Are there other physical tasks that are difficult for you to complete?  Yes  No

If "yes", please explain:

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I understand that falsification of the above information is grounds for termination.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## CIVICORPS CORPSMEMBER ACADEMY

### ORIENTATION POLICY

- You are required to attend an orientation. 100% attendance is required or you may be dismissed from the program.
- You must receive permission from a teacher or other staff member to leave the training area at any time.
- No pagers or cell phones are allowed on during orientation or while working; you must turn your pager and/or cell phone off upon entering the building or beginning work.
- You may not use any portable music devices during orientation or while working.
- Smoking is not permitted anyplace on Civicorps property except in designated areas.
- You may not use foul or profane language at any time during training or while at work.
- You may never have visitors on Civicorps property or during the workday.
- You will be immediately dismissed from the Civicorps Corpsmember Academy if you are found to be involved in any gang-related or criminal activity at any time.
- You must wear appropriate attire at all times. Inappropriate dress includes, but is not limited to, sagging pants, tank tops, shorts, sandals, articles of clothing with printing related to drugs, weapons, foul or profane language, or nudity, and excessive jewelry, including grills.

I understand that by signing this agreement that I agree to the terms and conditions herein, and that by violating any of these terms and conditions, I will not be permitted to participate in Civicorps programs.

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Print Name

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Date

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Signature



101 Myrtle Street  
Oakland, California 94607

Tel: 510 992 7800  
Fax: 510 992 7950  
[www.cvcorps.org](http://www.cvcorps.org)

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Dear Parents and Guardians,

The CivCorps Academy is participating in the Valenzuela / CAHSEE Intensive Instruction and Services Program. This means that your student/child is entitled to receive services that will help them to prepare for and pass the California High School Exit Exam.

Services offered at the CMA include:

**Individualized Instruction in math and English  
(including tutoring upon request)**

**Group Instruction in Math and English**

**Instruction in Test Taking Skills**

**Computer assisted assessments and instruction**

**Support for English Learners**

**Academic Counseling Services**

This program also guarantees that you will be able to take the California High School Exit Exam at the Corpsmember Academy on the following dates:  
July 23/24, 2013; October 1 / 2, 2013; February 4/5, 2014; May 13/14, 2014.

If you would like to receive these services or if you need referral about additional services, please contact Rachel Friedman, Instructional Lead, at 510-992-7800.

If you have a complaint about access to these services, please contact Tessa Nicholas, Head of School at 510-992-7800.