COMPASS Youth Collaborative, Inc. is an affirmative action/equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identification or expression, sexual orientation, veteran status, intellectual disability, mental disability or physical disability including, but not limited to, blindness, unless such disability prevents performance of the

PERSONAL INFORMATION

Agency Name

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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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Telephone Number | Alternative Number

Email Address

INTERESTS & EXPERIENCE:

What interests you in working with COMPASS? What are your expectations in working with us?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Have you worked with high-risk youth? If so, what was your experience? If not, what other relevant experience do you have?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Specialty training or skills?

__________________________________________________________________________
__________________________________________________________________________
PREVIOUS EXPERIENCE IN OTHER NON-PROFITS:

Name of Organization/Agency: ________________________________
Dates: _______________________
Contact Person: ________________________________
Duties Performed:
__________________________________________________________________________
__________________________________________________________________________
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Name of Organization/Agency: ________________________________
Dates: _______________________
Contact Person: ________________________________
Duties Performed:
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Name of Organization/Agency: ________________________________
Dates: _______________________
Contact Person: ________________________________
Duties Performed:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

AVAILABILITY:
Please specify your general availability (i.e., morning, afternoon or evening)

Monday: ______________________________________________________________
Tuesday: ______________________________________________________________
Wednesday: ___________________________________________________________
Thursday: ______________________________________________________________
Friday:  _______________________________________________________________

What site would you like to partner with? Check as many as you want
COMPASS Peacebuilders (Sheldon Oaks/Martin Street)
Dwight/Bellizzi Studies Academy
Burns Latino Studies Academy

Indicate what foreign languages you speak, read and/or write

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I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of partnership opportunities, or dismissal from partnership work regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date