

Asian Pacific American Dispute Resolution Center 1145 Wilshire Blvd., Suite 100 • Los Angeles, California 90017 Tel: (213) 250 - 8190 • Fax: (213) 250 - 8195 www.apadrc.org

Intern / Volunteer Application

Thank you for your interest in Intership / Volunteering with Asian Pacific American Dispute Resolution Center (APADRC). APADRC encourages the participation of interns / volunteers to support APADRC's mission.

All Intern / Volunteer applications will be reviewed with consideration of current training, internship, and volunteer opportunities. The information you provide will be kept confidential and only authorized staff will have access to your information.

ContactInformatio	n		
(Last)	(First)	(Middle)	
Address Apt/ Suite Number			
(City)	(State)	(Zip code)	
Phone Numbers			
Cell	Home	Work	
Best time to call			
Email			
Personal Informati Date of Birth (mm/dd/yyyy)	on	Gender	
Ethnicity		_ Occupation	
CA Driver's License	(Number)	Expiration Date	(mm/dd/yyyy)
Other ID		Expiration Date	
(Specify e.g. Passport/S	State ID) (Number)		(mm/dd/yyyy)

Funded by the County of Los Angeles Dispute Resolution Program



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Language Skills

		Language (s)	Proficiency level (e.g. elementary/ limited/converstional / proficient/ Native)
1	Spoken		
	Written		
2	Spoken		
	Written		
3	Spoken		
	Written		

Education

Name of the College/ University / Institution / High School	Address	Year

Work Experience – Current / Previous

Employer's Name	Address & Telephone Number	Job Title	Job Duties in brief	Dates To and From



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Previous and current Volunteer Work

Organization Name	Address & Telephone Number	Duties in brief	Dates To and From

Mediation Experience Mediation Experience	Yes No
Area(s) of Experience	BusinessContractsLandlord TenantFamilyPersonal InjuryGeneralGovernment/PublicOthers
Number of Mediations attended / observed	
Mediation Training Mediation Training	Yes No
Name of the Institution providing the training	
Course Title	
Date of Certificate	
Total hours of mediation training	(mm/dd/yyyy)
Copy of Certificate Attached	Yes No

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Yes No
Active Good standing Inactive
Yes No
Yes No License Suspended License Revoked Disciplinary Action or Investigation by Professional Licensing Board or Ageny (State and / or Federal) Arrest Record Covicted of Felony Convicted of Misdemeanor

If you checked any of the above, please provide a full and complete explanation for each including dates and describe the resolution/ outcome / if reinstated.

Date	Professional/ Criminal Conviction	Status



Bridging diverse communities

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Did you ever have a Background Check done on you?

Yes No	
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If yes, last date when Background check was done

/ ////
(mm/dd/yyyy)

*Note : The Failure to reveal the above, or to continually update APADRC about the change in the above, will result in removal from the program

I authorize APADRC to contact my references and initiate a criminal record check, if APADRC finds it necessary.

I agree to provide / comply with any and all additional requirements of APADRC relating to background check.

I acknowledge and agree that according to the terms of the APADRC's funding and paragraphs (a) and (b) below, the Center must ascertain arrest and conviction records on all of its volunteers and that I have provided that information fully and truthfully in the above Section. I acknowledge and agree that the APADRC's funders will monitor the APADRC's files on a confidential and routine basis.

a)For the safety and welfare of the people served under this Contract, Contractor agrees, as permitted by law, to ascertain arrest and conviction records for all current and prospective employees, independent contractors, interns, and volunteers or Sub contractors who may come in contract with people in the course of their work, volunteer activity ot performance of the internship and shall maintain such records in the file of each such person.

b)Contractor agrees not to engage or continue to engage the service of any person convicted of any crime involving harm to children, or any crime involving conduct inimical to the health, morals, welfare or safety of others, including but not limited to the offenses specifies in Health and Safety Code, Section 11590 (offenses requiring registration as a controlled substance offender) and those crime listed in Penal Code which involve murder, rape, kidnap, abduction and lewd and lascivious acts.

How did you hear about the APADRC internship / volunteer opportunities?

Please list the most convenient days and times for you to intern / volunteer

Monday	Tuesday	Wednesday	Thursday	Friday



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References (Please provide two non-family references)

Name	Address	Phone	Relationship

Emergency contact

Name	
Relationship	
Phone	

Equal Opportunities

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

I hereby certificate that all statements made in this application are true to the best of my knowledge.

I agree and acknowledge that my signature below gives the APADRC permission to verify any and all information about me in this application and/or readily available.

I understand that if I am accepted as a intern / volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I agree to provide / comply with any and all additional requirements of APADRC.

Signature: Date:

Thank you for completing this application form and for your interest in interning / volunteering with us. Our coordinator will contact you soon to schedule an interview with you.

Please mail or email the completed application to:

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