

EXCELL PROGRAM VOLUNTEER PROFILE FORM

Name: _____ Parent of an Excell Student? _____

Contact Data:

Address _____ City _____

Zip _____ Email Address _____

Phones (H) _____ (W) _____ (C) _____

Professional:

Job Title _____ Employer _____

Details of Position _____

Affiliations/Memberships _____

Education:

(Please Circle Degrees Awarded):

High School Associate Bachelors Masters Doctorate Other

Major(s) _____ Minor _____

Special Awards or Achievements Details _____

Teaching/Tutoring/Volunteer Experience:

Dates _____ Program/Organization _____

Activity Details _____

Excell Program Preferences:

(Please Circle Choices Below)

Math 2 Math 3 Math 4 Math 5 Math 6 Math 7 Pre Algebra Algebra I Geometry Algebra 2/Trig

Calculus SAT/PSAT Computers Administrative Work

Science 2 Science 3 Science 4 Science 5 Science 6 Physical Science Biology Chemistry Physics

Comments _____

Please Note: The Excell Program has committed to check the name of each and every volunteer against the Megan's Law List of registered Child Abuse Offenders. This form will serve as acknowledgement this notice and your consent.

Signature

Date

Los Angeles Council of Black Professional Engineers
P.O. Box 881029
Los Angeles, CA 90009