



CAMP EVERYTOWN

What is the program?

Camp Everytown is an intensive youth leadership development program based on core values - respect, acceptance, and responsibility - that promote non-violent campus communities. The nationally recognized program focuses students' attention and promotes learning by taking them out of their daily environment and guiding them through intense interactions that provoke deep insight and empathy for others.

Students experience group exercises and discussions about: self-identity; racial, ethnic, and cultural issues; family relationships; gender roles and violence; peer relationships; and conflict resolution.

Students identify opportunities, obstacles, and solutions to human relations issues specific to their school. Action plans are developed to recreate the Everytown environment on campus.

Life-changing and transformative, Camp Everytown replaces everyday prejudice with understanding and appreciation for every student.

Who can participate?

Camp Everytown is designed for a diverse group of mature high school students, who are selected to participate because of their leadership potential. Student delegates are viewed as peer leaders in their circles and capable of influencing a critical mass of change agents within their respective high school community.

What do students learn?

As a result of participating in Camp Everytown, students:

- Return to their community with an improved awareness of themselves and their importance in the world
- Recognize, develop, and appreciate an improved cultural identity
- Develop and improve leadership skills that can be used to create harmony in their school, family, and community
- Learn to break down barriers that typically limit personal growth
- Learn techniques that will enable them to apply the empowerment and leadership skills they learned to their personal lives

Contact Information:

jbautista@svfaces.org or call 408-286-9663, ext. 404; Website: www.svfaces.org

Volunteer Application

Please complete each section fully and accurately.
 Please print clearly or type, and remember to sign the application in the space provided at the end of the form.
 Silicon Valley FACES does not discriminate on the basis of race, sex, color, disability, national origin, ancestry, religion, creed, age, marital status, sexual orientation, veteran status, or any other basis prohibited by law.



Personal Information

Name	
Street Address	
City, State, ZIP Code	
Phone	
Alternate Phone	
E-Mail Address	
Do you speak a language other than English? ____ Yes ____ No If so, please specify:	
Are you over 18 years of age: ____ Yes ____ No	

Availability

Which days and hours are you available to volunteer?

Interests

Which program(s) are interested in volunteering for? (Check ALL that apply.)

- Office Administration
 Common Ground
 Camp Everytown
 Building Connections
 Victim Witness Assistance
 Other, please specify

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Related Work Experience (volunteer or paid)

- Name of Organization: : _____
 Dates of Involvement: _____ to _____ Job title: _____
 Description of duties:
- Name of Organization: : _____
 Dates of Involvement: _____ to _____ Job title: _____
 Description of duties:
- Name of Organization: : _____
 Dates of Involvement: _____ to _____ Job title: _____
 Description of duties:

Education

High School/GED	School: Graduation/Certification Date:	
College	School: Degree:	Major: Graduation Date:
	School: Degree:	Major: Graduation Date:
Trade School/Other	School: Degree/Certification:	Completion Date:

Contact in Case of Emergency

Name	Phone
Name	Phone

Certification and Signature

I certify that the information provided in this application is true and complete. I authorize Silicon Valley FACES (SV FACES) to investigate in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for SV FACES obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying SV FACES with information if may request pursuant to this release.

I agree to comply with all applicable policies, procedures and rules of SV FACES, and I understand that any violation may result in my immediate dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer of to volunteer services, is intended to create an employment contract between SV FACES and me.

I hereby acknowledge that I have read and understand the preceding statement.

Name (printed)	
Signature	
Date	

Application Process

Please submit this application to info@svfaces.org or jbautista@svfaces.org or mail to: 1401 Parkmoor Avenue, Suite 150, San Jose, CA 95126. For questions, call 408-286-9663, ext. 404.

Program Staff Use Only:

Application Received: _____

Interview Date: _____

Fingerprinting Cleared: ___Yes___No Date: _____ Confirmation No: