Dear Potential Facilitator,

Thank you for your interest in teaching a class at Jenesse Center, Inc. Jenesse Center is one of the oldest domestic violence intervention programs in Los Angeles and offers clients a comprehensive base of support that moves them from their immediate crisis towards self-sufficiency.

We offer classes in a wide variety of subjects including health and wellness, mental health, vocational education, parenting, anger management, life skills and substance abuse. Classes are taught at our Education Center and our Nestle Learning Center.

We also offer the opportunity to teach off-site through the use of Skype.

Please fill out all the included forms which include: Volunteer Application, Live Scan, Statement of Confidentiality, Course Proposal and Instructor Information Sheet. If you are proposing more than one course, then you will need to complete a separate Course Proposal form for each class.

Feel free to attach other materials to these forms if you think they will help us evaluate your proposal. Information on similar classes you have taught is valuable. Also include a list of any required materials. If we schedule an interview, we will want you to bring the materials for our review. If we are interested in your proposal, we will contact you to schedule a time to meet with us for further discussion.

Return the forms to:

Pamela Thomas
Jenesse Center, Inc.
P.O. Box 8476 • Los Angeles, CA 90008
(323) 299-9496. Fax (323) 299-299-0699
pthomas@jenesse.org
Instructor Information Sheet

Name: ________________________________________________________________________________

Best way to contact you: _________________________________________________________________

Proposed Class Title(s): ___________________________________________________________________

Briefly describe your background and how it pertains to teaching this subject: _________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_____________________________________________________________________________________

Current Teaching Experience: Have you taught this class before? If so, what courses? ______________
_______________________________________________________________________________________
_______________________________________________________________________________________
______________________________________________________________________________________

What else do you teach? __________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What other important details should we know about you? _________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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(323) 299-9496. Fax (323) 299-299-0699
pthomas@jenesse.org
Course Proposal Form

Instructor’s Name: ____________________________   Date: ______________________________

Address: __________________________________________________________________________

Phone (Day): _________________   (Evening): ______________   (Cell): ________________________

Email Address: ________________________    Fax: ________________________________________

Proposed Class Title _________________________________________________________________

Course Description (includes evenings and weekends): _______________________________________

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Copies/Handouts Required for the Course: ________________________________________________

Special Classroom Requirements: _______________________________________________________

Special Equipment Needs (e.g. TV, VCR, Computer): _______________________________________

Special Notes: ______________________________________________________________________

__________________________________________________________________________________

Please attach your resume and a curriculum/ lesson plan and return this form to:

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Jenessse Center, Inc.
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(323) 299-9496. Fax (323) 299-299-0699
pthomas@jenesse.org
Instructor Information Sheet

Briefly describe your background and how it pertains to teaching this subject: 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Why do you think your proposed class is important? Have you taught this class before? 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What you want to volunteer at Jenessse? 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever volunteered at Jenessse before? Have you ever volunteered at a similar organization? 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What other important details should we know about you? 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Return the forms to:

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Jenessse Center, Inc.
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(323) 299-9496. Fax (323) 299-299-0699
pthomas@jenessse.org
Memo

To: Prospective Volunteer
From: Pam Thomas, HR Specialist
CC: Karen Earl, Executive Director & Adrienne Lamar, Associate Director
Date: 12/15/2009
Re: Live Scan

We are mandated per our contracts and the law that all Volunteers have Live Scan - Finger Printing/Background Checks.

The location we are utilizing for the Live Scan is:

Ness Counseling Center, Inc.
8512 Whitworth Avenue, Suite 102
Los Angeles, CA 90035-2411
310-360-8512

Office hours are:
9:00am – 6:00pm
Wednesdays only: live scans are not available from 10:30am – 2:00pm
Please call for an appointment.

Please bring your completed Request For Live Scan Service application with you. There is a $20.00 fee.
# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

<table>
<thead>
<tr>
<th>ORI (Code assigned by DOJ)</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A8880</td>
<td>Authorized Applicant Type</td>
</tr>
</tbody>
</table>

### Type of License/Certification/Permit OR Working Title
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

<table>
<thead>
<tr>
<th>Jenesse Center, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Authorized to Receive Criminal Record Information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P.O. Box 8476</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address or P.O. Box</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Los Angeles</th>
<th>CA</th>
<th>90008</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

### Applicant Information:

<table>
<thead>
<tr>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name (AKA or Alias)</td>
</tr>
<tr>
<td>Sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
</tr>
<tr>
<td>Eye Color</td>
</tr>
</tbody>
</table>

| Place of Birth (State or Country) |
| Social Security Number |

| Home Address |
| Street Address or P.O. Box |

| City | State | ZIP Code |

## Your Number:

| OCA Number (Agency Identifying Number) |

### Level of Service:

- [ ] DOJ
- [ ] FBI

### If re-submission, list original ATI number: (Must provide proof of rejection)

| Original ATI Number |

### Employer (Additional response for agencies specified by statute):

<table>
<thead>
<tr>
<th>Employer Name</th>
</tr>
</thead>
</table>

| Street Address or P.O. Box |

| City | State | ZIP Code |

| Mail Code (five digit code assigned by DOJ) |

### Live Scan Transaction Completed By:

<table>
<thead>
<tr>
<th>Name of Operator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Transmitting Agency</th>
<th>LSID</th>
</tr>
</thead>
</table>

| ATI Number |
| Amount Collected/Billed |

---

**ORIGINAl - Live Scan Operator**

**SECOND COpy - Applicant**

**THIRD COpy (if needed) - Requesting Agency**
Statement of Confidentiality

As a condition of being involved as a Board Member, Employee, Volunteer, Intern, Visitor or service or repairperson of Jenesse Center, Inc., and/or being involved with persons receiving services from Jenesse Center, Inc., I hereby agree to the following requirements:

A. I agree not to divulge the location of the shelter to unauthorized persons at any time.

B. I agree not to divulge the names of the Jenesse Center clients, past or present, nor any information regarding those clients which may in any way identify the client.

C. I agree not to have personal, social, or business contact with any person who has been a client of Jenesse Center within the preceding two years except as providing services related to domestic violence and/or child abuse issues, though Jenesse Center’s shelter and/or outreach programs.

D. I have read, understand, and agree to adhere to the Jenesse Center, Inc.’s Statement of Confidentiality.

E. I understand that it is a misdemeanor under California Penal Code Section 273.7 to divulge the location of any Battered Women’s Shelter, punishable by a $1,000 fine and six months in the county jail.

Date: ______________________________________________________________________________

Name (Print): __________________________________________________________________________

Signature: _____________________________________________________________________________

Address: ______________________________________________________________________________

City: _____________________       State: _____________________     Zip: _______________________

Phone No.: ____________________________________________________________________________

Driver’s License No.: __________________________________________________________________

Reason for shelter visit: ___________________________________________________________________

Approved By: ___________________________________________________________________________

Return the forms to:

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