

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION PROGRAM

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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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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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 Jenesse? _____

Have you ever volunteered at Jenesse before? Have you ever volunteered at a similar organization?

What other important details should we know about you? _____

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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

A8880
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Jenesse Center, Inc.
Agency Authorized to Receive Criminal Record Information

06633
Mail Code (five-digit code assigned by DOJ)

P.O. Box 8476
Street Address or P.O. Box

Pam Thomas
Contact Name (mandatory for all school submissions)

Los Angeles CA 90008
City State ZIP Code

(323) 299-9496
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification 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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

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: _____

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