

**Kaiser Permanente L.A.U.N.C.H.**

**2021 Virtual Summer Youth Educational Program**

**Student Application**

Learn about unlimited new careers in health care.

June 21, 2021 – July 29, 2021

Kaiser Permanente

VSYEP On-Site Coordinator

**Rosemary Wilson,**

**West Los Angeles Medical Center**

[**Rosemary.X.Wilson@kp.org**](mailto:Rosemary.X.Wilson@kp.org)

**(323) 857-2240**

Dear Applicant:

Thank you for your interest in our 2021 Virtual Summer Youth Educational Program (VSYEP).

Please review and complete all application documents in their entirety and return them toyour contact person to be considered for the Program. The deadline for applications is **May 28, 2021** Any applications submitted after that date and time will not be accepted.

**Criteria**

1. Our program gives priority to students between 11th and 12th grade, but this does not discourage others from applying.

**Requirements**

1. All accepted applicants must begin the program on the first day and must make every attempt to attend all sessions, including group project sessions. Attendance is mandatory and will affect your stipend.
2. VSYEP participants must be prompt, dependable and willing to adhere to professional work setting guidelines. Distractions during class sessions are to be kept to a minimum.
3. Upon acceptance you will be required to complete a W9 form. This form will be provided to you. For more information, please visit the following website**:** [**https://www.irs.gov/forms-pubs/about-form-w-9**](https://www.irs.gov/forms-pubs/about-form-w-9)

**Please complete all forms and return, with all necessary signatures:**

Program Application (signature required on page 4)

Intern Eligibility Statement (signature required on page 5)

Student Background Information (page 6)

Parental Consent Form (parent signature required on page 7)

Resume (Refer to page 8)

**By applying to our program, you commit to following our standards, be courteous and respectful to your fellow students and all program staff.**

**NOTE:** Dependents of Kaiser Permanente employees are not eligible to apply to the Program. “Dependents” is defined as the child/dependent of a guardian/parent who is employed by Kaiser Permanente and who is providing direct financial support to the child. This policy is mandated by National Community Benefits.

WE ARE PROUD TO BE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM**  **(Please Complete and Return)** | | | | | | | | | | | | | | | |
| **to the applicant: kaiser foundation health plan, inc., kaiser foundation hospitals (together kfhp/h), kfhp/h’s subsidiaries, southern california permanente medical group, and the permanente medical group, inc. (“kaiser permanente”) are equal opportunity employers. kaiser permanente makes employment decisions based on qualifications only without regard to race, religion, color, national origin, ancestry, sex, age, marital status, disability, medical condition, sexual orientation, veteran status, or other non-job related factors prohibited by applicable federal, state, or local laws. kaiser permanente provides applicants who have disabilities with reasonable accommodation to assist in the interview/hiring process. applicants requiring accommodation should contact the human resources office. kaiser permanente is a smoke-free workplace. this document must be completed in its entirety before your application can be accepted.** | | | | | | | | | | | | | | | |
| **PERSONAL DATA** | | | | | | | | | | | | | | | |
| **NAME (LAST) (FIRST) (MIDDLE)** | | | | | | | | | | **TODAY’S DATE** | | | | | |
| **Mailing ADDRESS (NUMBER) (STREET) (APARTMENT #)** | | | | | | | | | | **HOME TELEPHONE**  **( )** | | | | **ALTERNATE PHONE**  **( )** | |
| **CITY STATE ZIP CODE** | | | | | | | | | |  | | | | | |
| **email address:** | | | | | | | | | | **T-shirt Size:**  **M / F?** | | | | | |
| **KAISER PERMANENTE REQUIRES THAT STUDENTS SELECTED FOR THE PROGRAM MUST HAVE EMAIL AND ONLINE ACCESS/WIFI.**  **PLEASE SELECT ALL THAT APPLY. YOU WILL BE ACCESSING THE PROGRAM:**  **A PERSONAL PC (MAY BE SCHOOL- ISSUED, AS LONG AS PROGRAM APPS AND SITES CAN BE ACCESSED)  YES  NO**  **A PERSONAL SMART PHONE  YES  NO** | | | | | | | | | | | | | | | |
| **emergency Contact persons (Names and telephone numbers)**  **1)**    **2)** | | | | | | | | | | | | | | | |
| **have you ever volunteered at kaiser permanente?**  **YES  NO** | | | | | | **IF YES, NAME OF FACILITY** | | | | | | | **WHEN** | | |
| **WHERE** | | | | | | **POSITION HELD** | | | | | | | **NAME USED** | | |
| **WERE YOU A PRIOR KAISER PERMANENTE HIPPOCRATES CIRCLE STUDENT?  YES, when: where:  NO** | | | | | | | | | | | | | | | |
| **ARE YOU CURRENTLY A KAISER PERMENENTE VOLUNTEER?  YES, when: where:  NO** | | | | | | | | | | | | | | | |
| **DO YOU HAVE RELATIVES WORKING FOR KAISER PERMANENTE? IF YES, INDICATE RELATIONSHIP, DEPARTMENT, LOCATION**  **YES; relation/dept/location:  NO** | | | | | | | | | | | | | | | |
| **IF CHOSEN, YOU WILL BE REQUIRED TO COMPLETE A W-9 FORM TO RECEIVE THE STIPEND. PLEASE NOTE THAT THE STIPEND IS TAXABLE INCOME. IT IS YOUR RESPONSIBILITY TO FOLLOW ALL APPLICABLE LAWS. FOR MORE INFORMATION, PLEASE VISIT** [**https://www.irs.gov/forms-pubs/about-form-w-9**](https://www.irs.gov/forms-pubs/about-form-w-9) **OR CONSULT WITH A TAX PROFESSIONAL.**  **\** | | | | | | | | | | | | | | | |
| **REFERENCES**  **(non-relatives)** | | | | | | | | | | | | | | | |
| **NAME** | **TELEPHONE NUMBER** | | | | | | **HOW DOES THIS PERSON KNOW YOU** | | | | | | **OCCUPATION** | | |
| **NAME** | **TELEPHONE NUMBER** | | | | | | **HOW DOES THIS PERSON KNOW YOU** | | | | | | **OCCUPATION** | | |
| **EDUCATION INFORMATION** | | | | | | | | | | | | | | | |
| **CURRENT SCHOOL NAME** | | | | | **CURRENT SCHOOL ADDRESS / PHONE NUMBER** | | | | | | | | | | |
| **COUNSELOR’S / TEACHER’S NAME** | | | | | **GRADE YOU WILL COMPLETE THIS YEAR** | | | | | | | | | | |
| **employment / VOLUNTEER / LEADERSHIP experience** | | | | | | | | | | | | | | | |
| **LIST CURRENT AND PREVIOUS WORK EXPERIENCE (INCLUDE VOLUNTEER WORK AND/OR LEADERSHIP ACTIVITIES)** | | | | | | | | | | | | | | | |
| **company name / address / PHONE** | | **dates Employed** | | | | | | **Job Title and duties performed** | | | | | | | |
|  | | **from:** | | **to:** | | | | **title:**  **duties:** | | | | | | | |
|  | | **from:** | | **to:** | | | | **title:**  **duties:** | | | | | | | |
|  | | **from:** | | **to:** | | | | **title:**  **duties:** | | | | | | | |
| **LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)** | | | | | | | | | | | | | | | |
| **LANGUAGE** | | | | | | | | | **READS** | | | **WRITES** | | | **SPEAKS** |
|  | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | |  | | |  | | |  |
| **AMERICAN SIGN LANGUAGE (SIGN)  YES  NO** | | | | | | | | | | | | | | | |
| **SKILLS** | | | | | | | | | | | | | | | |
| **computer skills** | | | **type of software used (check all that apply):**  **indicate skill level: beginning (b), intermediate (i), or advanced (a)**  **Excel  Word  PowerPoint  access  email**  **typing, words/minute:  other:** | | | | | | | | | | | | |
| **other - list other skills:** | | | | | | | | | | | | | | | |
| **APPLICANT STATEMENT** | | | | | | | | | | | | | | | |
| I CERTIFY THAT THE ANSWERS I HAVE PROVIDED ABOVE ARE TRUE, CORRECT AND COMPLETE AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS. I UNDERSTAND ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ARE SUFFICIENT REASONS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION FOR OUR PROGRAM OR DISMISSAL AT ANY TIME DURING EMPLOYMENT SHOULD I BECOME EMPLOYED AT KAISER PERMANENTE IN THE FUTURE.  I ALSO UNDERSTAND THAT IF I AM ACCEPTED BY KAISER PERMANENTE, MY PARTICIPATION IN THIS PROGRAM CAN BE TERMINATED AT ANYTIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE EXCEPT AS MAY BE MODIFIED BY AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.  I UNDERSTAND THAT A COPY OF THIS DOCUMENT IS AVAILABLE TO ME IF I SO DESIRE. | | | | | | | | | | | | | | | |
| **APPLICANT’S SIGNATURE:** | | | | | | | | | | | **DATE:** | | | | |

STUDENT **ELIGIBILITY STATEMENT**

|  |  |
| --- | --- |
| Name: | Primary Telephone #:  Secondary Telephone #: |

**Describe an obstacle or challenge facing you, your family, your school, or your community. What have you done (or what do you plan to do) to address this challenge? (Please write legibly.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that the Kaiser Permanente Virtual Summer Youth Educational Program guidelines for eligibility require that I must be a high school student or a recent high school graduate. I am not eligible for this program if I have a parent or legal guardian employed by Kaiser Permanente.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **STUDENT BACKGROUND INFORMATION** | | | |
| **NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF) PRESENTLY LIVING IN THE SAME HOUSEHOLD?** | | **NUMBER OF FAMILY MEMBERS UNDER 21 AT HOME:** | |
| **ethnic background**  **African American  Asian  Caucasian  Hispanic  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **WHO ARE YOU PRESENTLY LIVING WITH?**  **MOTHER AND FATHER  MOTHER**  **FATHER  OTHER RELATIVE  FOSTER PARENT  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **HAVE ANY OF THE FOLLOWING MEMBERS OF YOUR FAMILY ATTENDED COLLEGE OR ARE CURRENTLY ATTENDING COLLEGE?**  **A PARENT:  YES  NO AN AUNT/UNCLE/COUSIN:  YES  NO A BROTHER/SISTER:  YES  NO** | | | |
| **DO EITHER OF YOUR PARENTS WORK IN HEALTH CARE?  YES  NO** | | | |
| **DO ANY OTHER FAMILY MEMBERS WORK IN HEALTH CARE?  YES  NO** | | | |
| **WHAT ARE YOUR PARENTS’ HIGHEST LEVELS OF EDUCATION COMPLETED? (CHECK ONE PER PARENT IF KNOWN)**  **MOTHER FATHER**  **DID NOT GRADUATE HIGH SCHOOL...................................................................................................................................................................**  **HIGH SCHOOL.......................................................................................................................................................................................................**  **SOME COLLEGE....................................................................................................................................................................................................**  **.**  **ASSOCIATES DEGREE OR TRAINING PROGRAM.............................................................................................................................................**  **BACHELOR’S DEGREE...........................................................................................................................................................................................**  **GRADUATE OR PROFESSIONAL DEGREE/LICENSE (ex: phd, master’s degree, advanced professional license) ...................................** | | | |
| **WHAT IS YOUR BEST ESTIMATE OF YOUR FAMILY’S TOTAL INCOME LAST YEAR? CONSIDER INCOME FROM ALL SOURCES BEFORE TAXES.**  **0-$16,000  $16,001-$30,000  $30,001-$45,000  $45,001-$60,000  $60,001-$80,000  OVER $80,000** | | | |
| **SPECIAL- INTERESTS AND HOBBIES**  **LIST THE THREE (3) SUBJECTS IN SCHOOL IN ORDER OF PREFERENCE THAT ARE OF MOST INTEREST TO YOU** | | | |
| **1)** | **2)** | | **3)** |
| **LIST THREE (3) CAREERS / DEPARTMENTS IN ORDER OF PREFERENCE THAT YOU ARE INTERESTED IN LEARNING MORE ABOUT** | | | |
| **1)** | **2)** | | **3)** |
|  | | | |
|  | | | |

|  |  |
| --- | --- |
| Name:  School:  Grade: | Telephone #: |

**PARENT / LEGAL GUARDIAN CONSENT FORM**

Your consent is required for your child’s eligibility to be accepted into our Virtual Summer Youth Educational Program. Please complete and return this parental/legal guardian consent form. Thank you for your cooperation.

My child, (insert name)

has my consent to participate in the 2021 Virtual KP Summer Youth Educational Program. My child may participate in all activities in connection with his/her assigned duties, with or without accommodation.

**Please initial below regarding the following:**

I hereby give Kaiser Permanente permission to take photographs/video recordings of my child and understand that these photographs/video recordings may be used within the medical center for displays, for media releases, community relations purposes and as keepsakes.

This permission is valid only during the student’s working hours at Kaiser Permanente and for the duration of the Virtual Summer Youth Educational Program to which my child is applying, with the exception of any photographs/video recordings taken as they may be granted unlimited use by Kaiser Permanente.

**Parent/Guardian\*\* Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**

\*\* Students who are 18 years of age or older may sign in lieu of their Parent or Guardian.

Resume - Sample Document of Student Resume

YOUR NAME

Home Address Home telephone number

Email Address Cell phone number

*(Examples)*

|  |  |
| --- | --- |
| **OBJECTIVE** *(School and future*  *career plans)* | To enroll in a two or four-year college that has a Nursing Program and obtain a BSN degree  OR  To enroll in a four-year college and major in (Business, Liberal Arts, Engineering, Computer Science, etc…) for a future business/management career in health care  OR  To enroll in a two or four-year college and concentrate in the science field for a future Allied Health career (ex: Pharmacy, Physical Therapy, Imaging, Respiratory Therapy, Laboratory, Behavioral Health, etc...)  OR  To become a future Emergency Room Physician, Surgeon, etc… |
| **EXPERIENCE** June 09 to Aug. 09 | **KAISER PERMANENTE**,Pasadena, CA **WIA / Volunteer Program Intern**  * Assisted in the preparation of 3 Recruitment career fairs by preparing materials for 500+ candidates * Re-organized, alphabetized, and verified completeness of 2000+ Employee Files * Created and presented 5-minute PowerPoint presentation to 10 peers and 10 KP Staff members on Pharmacy department through interviewing 2 department managers and conducting internet research |
| Nov. 08 to Jan. 09 | **MACY’S**, Hilltop Mall, Richmond, CA **Christmas Helper, Gift Wrap**  * Wrapped up to 25 presents per day according to customer designation achieving 100% satisfaction * Greeted 30 customers per hour answering questions without direct supervision * Demonstrated excellent customer service skills by greeting customers, providing product knowledge, and answering questions concerning location, price, and style of merchandise |
| Nov. 07 to Jan. 09 | **KENNEDY ELEMENTARY SCHOOL**, Fresno, CA **Volunteer / Tutor**  * Provided one on one math support to three 4th grade students per week * Created tailored lesson plans to meet each students needs, helping to improve test scores by 20% |
| **EDUCATION** **RECOGNITION / EXTRA-CURRICULAR ACTIVITIES**  **SKILLS** | **WEST HIGH SCHOOL,** 20401 Victor Street, Torrance, CA  11th Grade Student, GPA 3.0  2007 – 2009 West High School Basketball, Varsity team member  2006 – 2007 Kaiser Permanente Student Volunteer, Riverside Medical Center  2007 Future Business Leaders of America (FBLA), Member  Word, Excel, PowerPoint, Access, Adobe Photoshop, Auto CAD, Internet Research, etc… |