



CHILD DEVELOPMENT CORPS AA DEGREE PROGRAM FIRST-TIME APPLICATION

SECTION 1. APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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Is this the name on your birth certificate? Yes No

If not, what is the name on the birth certificate?

Birth Last Name	Birth First Name	Birth Initial	Date of Birth	Birthplace
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Street Number	Street Name	Unit	City	Zip Code
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Home Phone	Work Phone	Other Phone	Email Address
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Please indicate your provider type:

- Child Care Center - Director
 Family Day Care - Licensee
 School Age Center - Director
 License Exempt
 Child Care Center - Staff
 Family Day Care - Staff
 School Age Center - Staff

SECTION 2. CORPS PROFESSIONAL CODE OF ETHICS

All Corps AA Degree applicants, employers/supervisors, Professional Development Coordinators (PDC) and Corps staff are expected to uphold the highest standard of ethical commitment to the Corps, its regulations and its purpose. Applicants and their supervisors are expected to disclose information that is true and correct and to comply honestly with Corps membership criteria.

If an applicant or supervisor presents questionable information, every effort will be made by Corps staff to verify the status of the respective applicant. In cases where misrepresented data is evident, or intentional deceit is established, the applicant and/or his or her director will not be eligible for the current application cycle. First 5 Alameda County will determine eligibility for succeeding years on a case-by-case basis. All applicants may appeal rulings to the Corps Appeals Committee.

I have read and understand the Corps Professional Code of Ethics. Under penalty of perjury, I certify that all of the information I have disclosed and presented on my application, to my PDC and First 5 Alameda County is true and correct.

Signature of Applicant

Date

SECTION 3. WORK INFORMATION / EMPLOYMENT VERIFICATION (Verification expires in 45 days)**This section is to be completed by the applicant's Center Director/Family Child Care licensee only.**

If the director/licensee is the applicant, he or she may complete the section him/herself.

Official Program Name (Official name on the license of the Center or Family Child Care)				License Number	
Street Number	Street Name	Unit	City	Zip Code	
Applicant Name			Applicant's Official Job Title		
Start Date (Mo/Yr)	Hours per Week	Hourly Wage	Annual Salary / Earnings		

I hereby certify that I am currently the director/licensee of the program and supervisor of the applicant identified above and that:

The applicant **currently works** in Alameda County with children birth to pre-kindergarten or in an AB212 school-age program with children kindergarten to age twelve. The applicant holds a position traditionally referred to as *head teacher, lead teacher, teacher, teacher's aide, assistant teacher, director, or assistant director*. Additionally, the applicant has worked consistently in this position within the same program for at least 15 hours per week for at least the last 9 months. To the best of my knowledge, the applicant meets the requirements for participation in the Child Development Corps AA Degree program.

I understand that the incentive he/she/I receive(s) is in addition to his/her/my current wage and/or annual salary and that salary advancement will not be negatively affected by the incentive. I have read and understand the Corps Professional Code of Ethics and I agree to provide further information, if requested. **I have reviewed the applicant's completed work information section of this application and certify that all information related to his/her/my employment is true and correct.**

Signature of Director/Licensee

Date

Print Name

Job Title

Phone Number

SECTION 4. SUPPLEMENTAL EMPLOYMENT VERIFICATION (Verification expires in 45 days)**Center directors and all family child care applicants must submit supplemental verification of employment.****CENTER DIRECTOR: REQUIRED EMPLOYMENT VERIFICATION FOR APPLICANTS WHO ARE CENTER DIRECTORS**

All director applicants must provide:

1. A copy of the center's current license
2. Written documentation (see below) which verifies the information reported in Section 3 and states the applicant:
 - a. Immediately supervises teaching staff who work directly with children birth to pre-kindergarten or with children kindergarten to age twelve in an AB212 program for an average of at least 15 hours per week and
 - b. Works on site at a single center and has contact with either children or the families of children. Regional directors, multi-site directors, and executive directors are not eligible to apply.

ACCEPTABLE WRITTEN DOCUMENTATION

1. A non-profit center requires a board of directors' statement on letterhead
2. A for-profit center requires an owner's statement on letterhead
3. A center for which the director is also the owner/operator requires a tax statement for the previous year

FAMILY CHILD CARE: REQUIRED EMPLOYMENT VERIFICATION FOR APPLICANTS WHO ARE FAMILY CHILD CARE LICENSEES OR STAFF:

All family child care applicants must provide:

1. A copy of the family child care's current license
2. One of the following:
 - a. A copy of a verification letter from the local resource & referral agency
 - b. Documentation from an alternative payment program that verifies the Family Child Care identified above has been operating for the past 9 months.

SECTION 5. ADDITIONAL INFORMATION

The following questions are asked for statistical purposes only and will not affect your stipend.

5.1

1. Are you the *parent* of a child 0 to 5 years of age? Yes No

2. Are you Hispanic / Latino? (Choose one)

No Yes, Mexican / Chicano Yes, Other: _____

Yes, Puerto Rican
 Yes, Cuban
 Yes, Central American
 Yes, South American

3. How do you identify your race/ethnicity? (Choose up to three categories.)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Native American	<input type="checkbox"/> Other Race(s):
<input type="checkbox"/> Aleut	<input type="checkbox"/> Hmong	<input type="checkbox"/> Persian / Iranian	_____
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Inuit / Eskimo	<input type="checkbox"/> Thai	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Chomorro / Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> White	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian		

4. What is the primary language you speak at home? _____

5. Please list all the languages that you speak fluently.

6. In what language would you like to receive your training and materials?

5.2

1. Please indicate your highest level of general education.

<input type="checkbox"/> No formal schooling	<input type="checkbox"/> AA / 2-Year College Degree
<input type="checkbox"/> Some High School / No GED	<input type="checkbox"/> BA / 4-Year College Degree
<input type="checkbox"/> High School Diploma / GED	<input type="checkbox"/> Some Graduate School
<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate Degree

2. If you have a BA or higher, did you receive your degree in a foreign country? Yes No

3. What is the highest level of Early Childhood Education or Child Development Education you have received from a community or four-year college?

<input type="checkbox"/> No ECE/CDE beyond High School	<input type="checkbox"/> AA Degree in ECE/CDE
<input type="checkbox"/> Less than 6 units of ECE/CDE	<input type="checkbox"/> BA/BS Degree in ECE/CDE
<input type="checkbox"/> At least 6 units of ECE/CDE	<input type="checkbox"/> Graduate level courses in ECE/CDE
<input type="checkbox"/> At least 12 units of ECE/CDE	<input type="checkbox"/> Graduate Degree in ECE/CDE
<input type="checkbox"/> At least 24 units of ECE/CDE	

4a. Do you hold a teaching credential? Yes, from California Yes, Out of State/Country No

4b. If you hold a California teaching credential, please indicate which type(s). Check all that apply.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Library Media Services	<input type="checkbox"/> Reading Certificate
<input type="checkbox"/> Bilingual Specialist	<input type="checkbox"/> Multiple Subject	<input type="checkbox"/> Reading Specialist
<input type="checkbox"/> Clinical/Rehabilitative Services	<input type="checkbox"/> Other	<input type="checkbox"/> School Nurse Services
<input type="checkbox"/> Early Childhood Special Education	<input type="checkbox"/> Other Health Service	<input type="checkbox"/> Single Subject
<input type="checkbox"/> Education Specialist	<input type="checkbox"/> Pupil Personnel Services	

5. How many ECE/CD units had you completed prior to your participation in the Child Development Corps? _____

6. How many GE units had you completed prior to your participation in the Child Development Corps? _____

7. How many hours of professional growth had you completed prior to your participation in the Child Dev Corps? _____

5.3

1. What year did you begin working in the ECE field?	_____
2. How many years have you worked in a Child Care Center or Preschool?	_____
3. How many years have you worked in a Family Day Care?	_____
4. How many years have you worked in License Exempt Care?	_____

5.4

1. How many children aged 0 to 23 months are in your care?	_____
2. How many children aged 2 years to 2 years 11 months are in your care?	_____
3. How many children aged 3 years to 5 years are in your care?	_____
4. How many school-age children are in your care?	_____
5. Of the children in your care, how many are related to you?	_____
6. In your care, how many children birth to age 5 have identified disabilities or special needs in accordance with the definition below?	_____

Children who have disabilities and other special needs refers to children who:

1. Are protected by the Americans with Disabilities Act (ADA)
2. Have, or are at-risk for a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old)
3. Or have a specific diagnosis as defined by the IDEA Part B (3 yrs and above)
4. Or, who do not fit 1, 2 or 3 above, but whose mental health, behavior, development, and/or health as defined by a licensed provider requires services above and beyond those required by children generally. This includes conditions lasting 6 months or more that have been identified by the licensed provider.

Americans with Disabilities Act (ADA)
 Americans with Disabilities Act (ADA), Public Law 101-336. The ADA's protection applies primarily, but not exclusively, to individuals with disabilities. The term *disability* means, with respect to an individual:

- Has a physical or mental impairment that substantially limits one or more of the major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working
- Has a record of such an impairment, or
- Is regarded as having such an impairment

Examples of these impairments are: orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease.

Individuals with Disabilities Education Act (IDEA) PART C
 Children birth to 3 years with disabilities or who are at risk for a disability as defined by California Early Start Program eligibility:

- Infants and toddlers with a developmental delay in one or more developmental areas
- Infants and toddlers with established risk conditions, and
- Infants and toddlers who are at high risk for having a substantial developmental disability due to a combination of biomedical risk factors [Title 14, California Early Intervention Services Act, Chapter 4, Section 95014(a)—the Lanterman Act]

Individuals with Disabilities Education Act PART B
 Children 3 to 5 years of age with a disability as defined by the California Department of Education, Preschool Special Education eligibility:

Having a disabling condition or an established medical disability, such as autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and established medical disability [California Education Code, Part 30, Chapter 4.45, section 56441.11(b)(1)].

7. Please list the primary languages spoken by the children in your care.

8. What are the primary languages you speak with the children and families in your workplace?

5.5

1. Which one of the following describes your child care program?
 Private / For-Profit Private / Non-Profit Public

2. Which one of the following describes your child care program? Licensed License-Exempt

3. Which of the following describe your child care program? Check all that apply.
 CDE General Child Care Private / Locally Subsidized Other:
 Head Start / Early Head Start Private / Non-Subsidized _____
 Military Base Child Care State Preschool

4. If your program provides care during non-traditional hours, please identify all categories that apply.
 After 6 pm
 Before 7 am
 Between Midnight and 5 am
 Weekends

5. How many months per year is your program open? _____

6. How did you hear about the Child Development Corps AA Degree Program? Check all that apply.
 Class Community Presentation Every Child Counts Faculty
 Flier Other Corps Members R&R Agency Word of Mouth
 Other: _____

SECTION 6. PROGRAM AUTHORIZATION

6.1

RELEASE OF INFORMATION

I authorize First 5 Alameda County to share my contact and demographic information with agencies, organizations and colleges that offer information, services and training opportunities to early childhood educators. I understand that I may end my consent at any time and that I will not be excluded from the Corps program for doing so. I understand that unless I otherwise end my consent, this authorization will remain as long as I am an active member of the Corps.

I do **not** want to share my contact and demographic information with agencies, organizations, and colleges that offer information, services, and training opportunities to early childhood educators

6.2

First 5 Alameda County (FFAC) Substitute IRS Form W-9: Individual				
Request for Taxpayer Identification Number (TIN) and Certification				
The purpose of this form is to obtain or verify the accuracy of information regarding FFAC payees. ALL Corps members must have an accurate W-9 on file with FFAC in order to be paid a stipend. If you fail to furnish your correct TIN, you could be subject to a penalty.				
Name on record with IRS or Social Security Administration:		First Name	Last Name	
Address for correspondence or 1099:				
Street Number	Street Name	Unit	City	Zip Code
PART 1 – TAXPAYER IDENTIFICATION NUMBER				
Enter your social security number (SSN) or tax identification number (TIN): _ _ - _ - _ _ _ _ _				
PART 2 – CERTIFICATION				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because (a) I am exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien)				
Sign here	Signature		Date	
If you do NOT meet the criteria listed above contact FFAC at 510.875.2474 for further instructions.				

SECTION 7. ENROLLMENT INFORMATION

Contact your Professional Development Coordinator to schedule your enrollment appointment to enroll in the Corps AA Degree Program. Bring your completed application and any additional verification required.

COLLEGE	PROFESSIONAL DEVELOPMENT COORDINATOR	PHONE	EMAIL	ADDRESS
CHABOT COLLEGE	Mairi Tsiftsi	(510) 723-7629	mtsiftsi@chabotcollege.edu	25555 Hesperian Blvd Bldg 3700, #3706 Hayward, 94545
CHABOT COLLEGE	Ana Del Aguila	(510) 723-7284 (español/English)	adelaguila@chabotcollege.edu	25555 Hesperian Blvd Bldg 3700, #3706 Hayward, 94545
LAS POSITAS COLLEGE	Christie Verarde	(925) 424-1188	cverarde@laspositascollege.edu	3000 Campus Hill Dr Building 2100, #2174 Livermore, 94551
LAS POSITAS COLLEGE	Ana Del Aguila	(925) 424-1176	adelaguila@laspositascollege.edu	3000 Campus Hill Dr Building 2100, #2136 Livermore, 94551
MERRITT COLLEGE	Cándida Tapia	(510) 434-3927 (español/English)	candida.tapia@acgov.org	12500 Campus Dr Building A, Room 109 Oakland, 94619
OHLONE COLLEGE	Terra Lee	(510) 659-6450	tlee@ohlone.edu	43600 Mission Blvd Building 6, #6203 Fremont, 94539