 **Tutor Application**

 Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Information

Name:

Nickname: Other Last Names Used: Address:

Home Phone: Cell Phone: Work Phone: Email Address: What is the best way to contact you?

Current Occupation & Employer:
Or, if student, school and grade: :

Age: Date of Birth: Ethnic Background: How did you hear about our tutoring program?
Emergency contact: Name, Relationship:

 Phone & email:

**Tutoring hours are 3:15 - 4:30pm Monday,Tuesday, Wednesday**.

What day/s are you available?:

Can we schedule you according to need? or, please indicate preferences for day:

# References

1. **School/Professional:** Please list someone who has known you recently in this capacity.

Name: Relationship: Phone: Email:

2. **Personal:** Please list someone who knows you well personally, preferably someone who has seen you interact with children.

Name: Relationship: Phone: Email:

# Education

If you attended school beyond high school, what school/s did you attend?

What were your major(s) and/or degree(s), if any?

Have you had any experience working with children (volunteer, paid, etc.)? If yes, please describe your experiences: **Interests and Skills**

# Legal History

Have you ever been:

☐ arrested for a crime against a minor

☐ charged with or convicted of any felony (defined as any crime punishable by 1 year or more in jail, even if the individual was actually sentenced to lesser time)

☐ charged with or convicted of any offense involving a **state/federally controlled substance** (i.e. drugs).

If you marked any of the boxes above, please explain:

# Short Response

Why would you like to be a tutor?

What are your interests, hobbies or involvements (community, school, sports, arts, church, professional groups, etc..)?

What else would you like to share about yourself or might be useful for us to know?

***Initial to agree to the following two statements:***

 I understand that being a Tutor involves spending one hour a week for the academic year.

 I understand that I if I will have a conflict during my Tutoring hour, it is my responsibility to find a substitute let the Tutor coordinator know with as much advanced notice as possible.

**RELEASE AND WAIVER OF LIABILITY** *(Read carefully! This is a legal document that affects your legal rights!)*

In consideration of participation in an after-school program or activity offered by Reach Potential Movement at Gateway Neighborhood Center, I, the undersigned for myself and/or as the parent/guardian of the Minor named on page one, agree to indemnify and hold Reach Potential Movement harmless and hearby waive, release and discharge any and all claims for damage, for death, for personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against Reach Potential Movement, its employees, agents, volunteers, independent contractors, coaches, mentors, tutors and instructors from and against any liability arising out of or connected in any way with my and/or the Minor’s participation in this program or activity, even though the liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this program or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and hold harmless all of the persons or entities mentioned above whom, through negligence or

carelessness, might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

**PHOTO RELEASE:** By my signature below, I acknowledge that I have read this document and understand its contents. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for Reach Potential Movement and Gateway Neighborhood Center promotional materials and publications.

Check the appropriate box and sign:

Tutor (under 18 yrs/old)\_ Tutor (over 18 yrs/old)\_ Parent Legal Guardian

Tutor Signature: Date:

Print Name:

Parent/Guardian Signature: Date:

Print Name:

\*For more information or help with this form, or to arrange a visit to Reading Readiness, please email Rosa Romano at rsquaredca@aol.com.

**Complete this form, then scan and email to Rosa above, or bring with you on your visit to Reading Readiness.**

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