



Study Friends Program/Adult Literacy/ESL Tutoring **Volunteer Tutor Application**

Thank you for your interest in volunteering with The Literacy Project! The information on this form will help us know you better and match you with an appropriate student. All information will be kept confidential within our program. Please feel free to attach additional sheets in order to expand upon requested information.

Today's Date: _____

Contact Information:

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Experience:

Education (circle last completed):

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Major/Subject/Degrees: _____

Are you presently employed? Yes No If yes, hours per week _____

Business Name: _____ Date of Hire: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Brief Job Description: _____

Your previous work experiences, skills, interests, or hobbies:

Your previous volunteer experience:

What training and/or experience have you had in the field of youth and issues pertaining to adolescents, youth education, and tutoring, or youth social service?

Do you speak/read/write any foreign language? Yes No If so, which and how well?

References:

Please list three personal references we may contact

- | | | | |
|----|-------|-----------------|--------------|
| 1. | <hr/> | | |
| | Name | Mailing Address | Phone Number |
| 2. | <hr/> | | |
| | Name | Mailing Address | Phone Number |
| 3. | <hr/> | | |
| | Name | Mailing Address | Phone Number |

Volunteer Preferences:

How did you learn about our programs?

What do you hope to gain from your volunteer experience?

What grade level/age are you most interested in working with?

- Sixth Seventh Eighth Adult No Preference

Do you have a preference for a male or female student? Male Female No Preference

Are you interested in working with a bilingual student? Yes No

Do you have your own transportation? Yes No

Would you be willing to provide transportation for your student? Yes No

Are you covered by minimum liability insurance? Yes No

Insurance company Name: _____

Policy Number: _____



I am available to tutor at the following times:

Before 9 am	M	T	W	Th	F	Sa	Sun
Morning 10-12	M	T	W	Th	F	Sa	Sun
Lunch 12-2	M	T	W	Th	F	Sa	Sun
Afternoon 2-4	M	T	W	Th	F	Sa	Sun
Dinner 4-6	M	T	W	Th	F	Sa	Sun
Evening 6-8	M	T	W	Th	F	Sa	Sun

Meeting Place Choices (circle all that apply):

Student's Home
 Avon Public Library
 Edwards CMC
 Eagle Public Library
 Gypsum Public Library

Other availability: _____

Please check any other activities you would be interested in volunteering for (check all that apply):

Special Events Fundraising Other: _____

Miscellaneous Information:

Have you ever been arrested or convicted of any offense other than a traffic violation?

Yes No

If yes, please explain, giving dates and disposition:

Do you have a library card? Yes No

Your 12-digit City Market Value Card Number (Optional-when you use your card we get a donation!)

Number: _____ Name on Card: _____

Emergency Contact Information:

List person(s) to contact in an emergency

1. _____
 Name Phone Number Relationship

2. _____
 Name Phone Number Relationship



PLEASE NOTE: All volunteers are required to do a background check at www.cbirecordscheck.com and forward the report to the Literacy Project offices.

The Literacy Project/Study Friends Program Adult Waiver for All Sponsored Activities

I hereby acknowledge that the various activities sponsored by The Literacy Project/Study Friends Program may result in injury to the participant. I hereby assume all risk of personal injury or death and property damage from any causes arising while I am participating in such activity, and further release The Literacy Project/Study Friends Program, their officers, employees, agents, servants, and all representatives and sponsors from any liability therefore and contribution of such liability, including liability resulting from the negligence of said individuals.

I also authorize and consent to any emergency x-ray examination, medical diagnosis, or treatment and hospital care to be rendered unto myself under the general supervision and on the advice of any physician licensed to practice in the State of Colorado.

I understand that there are two exceptions to the promise of confidentiality. If information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities.

Signature of Applicant	Print Name	Date
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Study Friends Authorization to Release Information

As an applicant to The Literacy Project/Study Friends Program for the position of Volunteer Tutor, I understand I am required to make available information for use in determining my suitability.

I therefore authorize The Literacy Project and its Study Friends Program to make such inquiries of my past and current employers, educational institutions, persons, law enforcement agencies, medical institutions or professionals, companies, and corporations to release information they may have about me that is deemed related to this position I am applying for, and I release them, as well as The Literacy Project and its Study Friends Program, from any liability and responsibility from doing so.

This authorization in original and copy form shall be valid for this and any future information that may be requested.

Signature of Applicant	Print Name	Date
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PLEASE RETURN TO US AT THE LIBRARIES, or via MAIL, FAX, OR EMAIL:

The Literacy Project, PO Box 608, Minturn, CO 81645

fax: 970-949-0233

e-mail: literacy@evld.org