



After School Tutoring Program

Volunteer

Application Packet



THE AFTER SCHOOL TUTORING PROGRAM ASTP

Thank you for your interest in volunteering with the After School Tutoring Program (ASTP). Our program, which provides one-on-one tutoring for students who struggle in school, is a ministry supported by The Lutheran Church of The Good Shepherd.

The mission of The After School Tutoring Program is to help students succeed in school by providing a free, supervised, after-school activities and tutoring program for struggling middle school students in our community.

In order to accomplish our mission, we recruit and train volunteers to assist participating students with homework completion and skill-building activities that enable them to improve their grades, become better learners, and ultimately raise their self-esteem.

ASTP is strictly a secular program and we have a good relationship with the middle schools of the students we serve. Counselors and teachers provide us with information about our students' difficulties and suggest activities that will help them improve their grades and succeed in school.

We need people to serve as tutors, drivers, and activity time helpers.

The time commitment is flexible.

- You can serve for as little as an hour and a half a week up to 12 hours per week.
- Regular and substitute positions are available.
- We do ask for at least a nine week commitment to be involved in this service opportunity.
- ASTP sessions run Monday through Thursday from 2:45 PM to 5:30 PM.
- Students are divided into two groups of 15. One group attends on Mondays and Wednesdays and the other group attends on Tuesdays and Thursdays.
- Activity time is from 2:45 PM to 4:15 PM and tutoring begins at 4:15 PM and ends at 5:30 PM.
- For information on serving opportunities, please read the position descriptions listed on the next page.

To serve, please print and complete the attached volunteer sign-up sheet, application, and background check authorization form and return them to:

Jennifer Meyer - ASTP
The Lutheran Church of The Good Shepherd
1601 North Street SE
Olympia, WA 98501

Thank you for your interest in serving students and their families. You will be contacted after your application is received. Please call me if you have any questions or comments - (360) 357-3554 ext. 108.

Blessings,

Jennifer Meyer, Director

ASTP SERVICE OPPORTUNITIES

POSITION AVAILABLE: TUTOR

❖ Small Commitment

- You don't have to serve the whole year.
- A nine week commitment is all we ask (you may tutor for longer if you wish).
- Tutor one or two days each week.
- 4:15 - 5:30 PM Mondays through Thursdays. You choose the day(s) you wish to tutor.

❖ Qualifications

- Are you a sophomore in high school or older? (freshmen considered on an individual basis)
- Have you ever helped a child with their homework at the kitchen table?
- Can you quiz a child on a spelling test?
- Can you use flashcards to help a student learn his math facts?
- If you answered yes to the above questions, then you can help one of our students.

❖ Help A Student

- Complete homework assignments
- Organize a notebook or backpack
- Read and take notes
- Increase skills and abilities

POSITION AVAILABLE: ACTIVITY TIME HELPER

❖ Small Commitment

- You don't have to serve the whole year.
- A nine week commitment is all we ask (you may volunteer for longer if you wish).
- 2:45 – 4:15 PM Mondays through Thursdays. You choose the day(s) you wish to help.

❖ Qualifications

- Freshman in high school or older.
- Have a willingness to spend time with students.
- Can you play board games, hang out in the gym, or listen to a student tell you about his/her day?

❖ Help

- Supervise students during their activity time.
- Interact with students – join in their activities.

POSITION AVAILABLE: VAN DRIVER

❖ Small Commitment

- You don't have to serve the whole year.
- A nine week commitment is all we ask (you may volunteer for longer if you wish).
- 2:30 – 3:30 PM Mondays through Thursdays. You choose the day(s) you wish to drive.
- Also needed - substitute drivers

❖ Qualifications

- Must be 25 years of age or older.
- Have a valid Washington State driver's license.
- Ability to drive the church's 14 passenger van.

❖ Help

- Pick up students from Reeve's Middle School at 3:02 PM and transport them to ASTP.

AFTER SCHOOL TUTORING PROGRAM
Sign Up Sheet

Name _____ Phone _____

Address, City, Zip _____

_____ Yes, I want to volunteer with the After School Tutoring Program.

Please check all that apply

TUTORS

_____ I am available to serve as a tutor on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ I am available to serve as a substitute tutor on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

ACTIVITY TIME HELPERS

_____ I am available to serve as an Activity Time Helper.

_____ Once or twice a month on a rotating basis with other volunteers on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ On a regular basis on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ I am available to serve as a substitute activity time helper on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

DRIVERS

_____ I am available to serve as a driver on the following day(s).

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ I am available to serve as a substitute driver on the following day(s)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

**LUTHERAN CHURCH OF THE GOOD SHEPHERD
AFTER SCHOOL TUTORING PROGRAM (ASTP)
VOLUNTEER PARTICIPATION APPLICATION**

Name _____
Last First MI

Address _____
Street City, State Zip

Date of Birth _____ Cell Phone _____

Home Phone _____ Work Phone _____

Email _____

Emergency Contact: _____ Relationship: _____

Contact Number: _____

I'm interested in volunteering as a (please check all that apply)

Tutor _____ in the following subjects: Math _____ English/Reading _____ History _____

Activity time helper _____ Driver _____

Character References - Please list persons, other than family members and members of the Lutheran Church of The Good Shepherd, who would be supportive of your working with children.

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

I give my permission for the After School Tutoring Program Director to check the above references.

Signature: _____ Date: _____

CONFIDENTIAL



Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **The Lutheran Church of The Good Shepherd (LCGS)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **LCGS** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****LCGS** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____