



**After School Tutoring Program
High School Volunteer
Application Packet**



Dear High School Volunteer,

Thank you for your interest in volunteering at the After School Tutoring Program. Many high school students like you have found the commitment as a volunteer with our program a rewarding one that has a lasting positive impact on the life of another. We truly make a difference in the lives of the middle school students with whom we work.

All potential high school volunteers must follow the application process before an application will be given serious review. Please follow the instructions below to complete the application process.

1. Print all forms
2. Fill out the High School Volunteer Participation Application and Background Check Authorization
3. Read and sign the High School Volunteer Contract
4. Return completed application and contract to:

**LCGS
Attn. Jennifer Meyer – ASTP
1601 North St. SE
Olympia, WA 98501**

5. Reference Forms (two)
 - a. Fill in the area that says **To be completed by high school applicant** on both forms.
 - b. Reference forms should be completed by a teacher, counselor, or employer. Ask two people who fit one of the roles listed above to fill out and mail in or return these forms to you (get this done ASAP - we can't process your application without these references). Please do not have family members or friends complete these forms.
6. Wait for contact from the director to set up an interview.
7. If you have any questions about volunteering or this application process, please call Jennifer Meyer at 357-3554 ext. 108

AFTER SCHOOL TUTORING PROGRAM HIGH SCHOOL VOLUNTEER PARTICIPATION APPLICATION

(All information will be kept secure and confidential)

Name

Last First MI

Date of Birth _____ Home & Cell Numbers _____

Address _____

Street City, Zip

Email _____ School _____ Grade _____

I'm interested in volunteering as: (Please check all that apply)

 TUTOR in the following subjects:

_____ Math _____ English/Reading _____ History _____ Science

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 HELPER

I am available to serve as an **Activity Time Helper** 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

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: _____

After School Tutoring Program High School Volunteer Contract

Understanding that working as a volunteer is a serious commitment, I agree to:

1. Be a reliable volunteer by:
 - a. Arriving to the program on time.
 - b. Informing the director **by 2:00 PM** that day, if I cannot attend or will be late to the program.
 - c. Informing the director **a week in advance** of any planned absences.
 - d. Staying at the program until the agreed time.
2. Make at least a **nine week** commitment.
3. Keep my attention focused on my student(s).
4. Follow instructions from the program directors and other supervisors.
5. Help remind my student(s) to behave appropriately.
6. Be a good role model by:
 - a. Modeling good language
 - b. Dressing appropriately for a job working with impressionable students
 - c. Keeping the focus directed on my student's work
7. Work hard to help meet the program's goals.
8. Inform one of the directors of any problem or concern related to my student.

If I work hard to satisfy the above agreements I understand that the director will:

1. Inform Mr. Bryan of hours worked for Honor Society Points (if volunteer is an OHS Honor Society member).
2. Verify and sign community service performance forms for classes or clubs.
3. Be available as a character reference.
4. Upon request (**with two weeks lead time**) write letters of recommendation for:
 - a. Job applications
 - b. College applications
 - c. Scholarships

I understand that a volunteer position at the After School Tutoring Program is a serious commitment. I will work hard and treat it the same as I would a paid position. I will follow the above agreements and strive to help my students in the best way possible.

Volunteer Signature

Date

Parent Signature

Date

After Interview, ASTP Board Member will Sign

Date

To be completed by high school applicant: Volunteer position applied for _____

Name of Applicant _____ Date _____

Reference information:

Name of reference _____ Occupation _____

Address _____ Telephone _____

To be completed by person writing reference:

Dear Sir/Madam:

The student listed above has applied to be a volunteer at the After School Tutoring Program. Our program offers support to struggling middle school students and their families through a safe, supervised, after school activities and tutoring program. We assist students as they do their homework, work on skill building activities and learn the skills they need to be successful students. We are seeking qualified, committed volunteers and ask high school applicants to get two references from school teachers, school counselors, or employers. Please take a moment to rate this student in the following areas. When completed, please put the form in an envelope, seal and return it to the applicant. To help us hire effective volunteers, please be honest and forthright with your answers.

Thank you for your thoughtful consideration and thorough completion of this reference form. Forms may be mailed directly to LCGS – Attn. Jennifer Meyer – ASTP, 1601 North Street SE, Olympia, WA 98501.

Jennifer Meyer, Director

This reference may be shared with applicant upon his/her request. Yes _____ No _____

How long and in what capacity have you known the applicant?

Years _____ Months _____ Capacity _____

Please rate the student **1** through **5** (**1** – not a true statement, **3** – a somewhat true statement, **5** – being a very true statement)

1. Student shows leadership abilities	1	2	3	4	5
2. Student works well with others	1	2	3	4	5
3. Student takes responsibility seriously	1	2	3	4	5
4. Student takes direction well	1	2	3	4	5
5. I would feel comfortable leaving my own middle school aged child with this student	1	2	3	4	5
6. I would recommend this student for a position as a volunteer at the After School Tutoring Program	1	2	3	4	5

Please make a few additional comments about this applicant: _____

Signature _____ **Date** _____

To be completed by high school applicant: Volunteer position applied for _____

Name of Applicant _____ Date _____

Reference information:

Name of reference _____ Occupation _____

Address _____ Telephone _____

To be completed by person writing reference:

Dear Sir/Madam:

The student listed above has applied to be a volunteer at the After School Tutoring Program. Our program offers support to struggling middle school students and their families through a safe, supervised, after school activities and tutoring program. We assist students as they do their homework, work on skill building activities and learn the skills they need to be successful students. We are seeking qualified, committed volunteers and ask high school applicants to get two references from school teachers, school counselors, or employers. Please take a moment to rate this student in the following areas. When completed, please put the form in an envelope, seal and return it to the applicant. To help us hire effective volunteers, please be honest and forthright with your answers.

Thank you for your thoughtful consideration and thorough completion of this reference form. Forms may be mailed directly to LCGS – Attn. Jennifer Meyer – ASTP, 1601 North Street SE, Olympia, WA 98501.

Jennifer Meyer, Director

This reference may be shared with applicant upon his/her request. Yes _____ No _____

How long and in what capacity have you known the applicant?

Years _____ Months _____ Capacity _____

Please rate the student **1** through **5** (**1** – not a true statement, **3** – a somewhat true statement, **5** – being a very true statement)

1. Student shows leadership abilities	1	2	3	4	5
2. Student works well with others	1	2	3	4	5
3. Student takes responsibility seriously	1	2	3	4	5
4. Student takes direction well	1	2	3	4	5
5. I would feel comfortable leaving my own middle school aged child with this student	1	2	3	4	5
6. I would recommend this student for a position as a volunteer at the After School Tutoring Program	1	2	3	4	5

Please make a few additional comments about this applicant: _____

Signature _____ **Date** _____