



# VOLUNTEER APPLICATION

## 2009-2010

|                                |                                   |              |               |
|--------------------------------|-----------------------------------|--------------|---------------|
| First name                     | M.I.                              | Last name    |               |
| Current address                |                                   |              | Apt #         |
| City                           | State                             | ZIP Code     | Date of birth |
| Mobile number                  | Home number                       | Work number  |               |
| Place of employment/ Job Title | Email address (print clearly)     |              |               |
| Emergency contact - Name       | Telephone number                  | Relationship |               |
| How did you hear about EHTP?   | List name if heard from a person: |              |               |

|   |                                 |                                   |  |                                       |
|---|---------------------------------|-----------------------------------|--|---------------------------------------|
| Ethnicity                                 | Gender                          | Are you EHTP Alumni?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Highest education                     |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Male   | Are you EHTP Staff?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | level completed                       |
| <input type="checkbox"/> Latino           | <input type="checkbox"/> Female | Are you on the EHTP Board?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> High School  |
| <input type="checkbox"/> Afro-Latino      |                                 | Are you on the EHTP Junior Board? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Caucasian        |                                 |                                   |  | <input type="checkbox"/> BA/BS-school |
| <input type="checkbox"/> Asian-American   |                                 |                                   |  | <input type="checkbox"/> MA/MS-school |
| <input type="checkbox"/> Native American  |                                 |                                   |  | <input type="checkbox"/> MBA-school   |
| <input type="checkbox"/> Other _____      |                                 |                                   |  | <input type="checkbox"/> MD/ESQ/PhD   |
|   |                                 |                                   |  | <input type="checkbox"/> Other        |

University/ College Attended: \_\_\_\_\_

**Availability Preferences**      Tutoring takes place at one site: **2050 Second Avenue, New York, NY 10029**

**Please check off the times of availability (for 1 on 1 tutoring)**

Monday      \_\_\_\_\_ (H.S/ 5<sup>th</sup> grade) 6:30 – 8:00pm

Tuesday      \_\_\_\_\_ (H.S/ 4<sup>th</sup> grade) 6:30 – 8:00pm

Wednesday      \_\_\_\_\_ (H.S/3<sup>rd</sup> grade) 6:30 – 8:00pm

Thursday      \_\_\_\_\_ (H.S) 6:30 – 8:00pm

Saturday      \_\_\_\_\_ (H.S/ K-2 grade) 10:00 am – 12:00pm

**Would you like to Volunteer in any of the following?**

EHTP Annual Benefit Committee

Help with fundraising

Volunteer Recruitment & Retention Committee

Facilitating a Workshop for Students

Do you prefer to tutor a male or female?       Male       Female       No preference

What age range would you like to work with (please check)       (K-8 Grade) Elementary       (6<sup>th</sup>- 8<sup>th</sup>) Middle School

List (3) Hobbies: \_\_\_\_\_

**HIGH SCHOOL TUTORS:** Subjects you would like to tutor in?

**Science:**  Physical  Physics  Biology  Chemistry

**Math:**  Algebra  Geometry  Trig/Alg II  Pre Calculus  Calculus

**Social Studies:**  Government  US History  Global History

**English:**

Other volunteer opportunities:       Homework Help       University I Program       Robotics       Art Program

ESL program       Other \_\_\_\_\_

For volunteers over 18 years old:

Are you interested **and** qualified to work with a student with special needs (behavioral issues, learning disabilities)?       Yes  No

**Tutor Screening Procedure:**

- Have you ever been convicted of a crime more serious than a parking/speeding violation?  Yes  No
- If yes, please attach an explanation including the following information: description, explanation, and date of incident
- Are you the subject of a child abuse and maltreatment report on file with the New York Registry of Child Abuse and maltreatment or elsewhere?  Yes  No
- You must complete the New York State Registry of Child Abuse and Maltreatment Clearance, Physical Exam and Fingerprinting and submit it to EHTP staff before you can begin tutoring. Anyone who provides a direct service to a child or youth in new York State is required by law to complete these forms.

I acknowledge that all the information I have provided is accurate and subject to verification by the East Harlem Tutorial Program, which is under no obligation to assign me as a volunteer.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_



## Volunteer Tutor - Statement of Acknowledgement

I, \_\_\_\_\_, hereby certify that I have submitted the required application materials (including a New Volunteer Application form, State Central Register Clearance form, Volunteer Reference form (if under 18 years old), witnessed Statement of Applicant for Work with Minors Form, Medical Form, and Fingerprinting). I understand the agency’s mission, educational philosophy, policies, procedures and my role and responsibilities as a volunteer tutor. As a volunteer tutor I acknowledge that I will be in attendance at all my tutoring sessions.

I understand that as a Volunteer Tutor, I must adhere to all rules of the agency including rules concerning taking my tutee alone outside of the EHTP building (as stated in the volunteer guidelines). If I fail to abide by these rules I acknowledge that I am acting outside the scope of my responsibilities for the agency and that I may be liable for any injury or other damage that my tutee experiences while he/she is in my care.

Further, I understand that EHTP retains the right to retain/dismiss volunteers for any reason as may be determined by its Executive Director or Board of Trustees, including as may be required to ensure compliance with section 424-a of the Social Services Law which requires that certain persons must be cleared with the State Central Register of New York State Office of Children and Family Services (NYSOCFS). I also understand that, in accordance with the mandates of NYSOCFS, I must submit a completed health form, and undergo a background check to determine if I have been the subject of criminal proceedings, child abuse or maltreatment report.

Education or training for work with minors (List formal educational courses and on-the-job training participated in, identifying the institution.):

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All prior work with minors (List the organizations conducting the program, the name of the immediate supervisor and if known, the name, address and telephone number of any individual now involved hi the program.):

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Personal references (not relatives):

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_



## Statement of Applicant for Work with Minors

This statement will be completed by all applicants for employment or for volunteer work for any position involving the supervisor or custody of minors (under 18 years of age) or for any position in which the applicant is in any way involved with minors. The completion of the statement will help to assure the East Harlem Tutorial Program that it will provide a safe and secure environment to those children and youths who participate in its programs and who use its facilities.

### Statement

As the applicant described above, I do hereby represent to the East Harlem Tutorial Program, with the understanding that the East Harlem Tutorial Program will rely upon the information provided in considering my application for work with minors, that the foregoing information and the following statements are true:

- In my prior volunteer work or employment I have never used a name other than that set forth above.
- I have never been accused of mistreatment of a minor, either in a program for the minors or otherwise.
- I have never been arrested as a result of a charge of child abuse or actual or attempted sexual molestation of a minor.
- I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor.
- I understand that my prospective position with the East Harlem Tutorial Program involves certain essential duties which have been explained to me.

I understand these essential job duties and am able to perform them without hesitation except as follows:

\_\_\_\_\_

I authorize any of the organizations listed to give to the East Harlem Tutorial Program any information they may have regarding my character and fitness for the work with minors. I release all such organizations and individuals from any liability that may result from the furnishing of such information to the East Harlem Tutorial Program. I waive any right that I may have to inspect any records containing such information.

I have truthfully completed the State Central Registry Clearance Form and understand that East Harlem Tutorial Program will submit this form to the New York State Department of Health and receive a report disclosing whether I am the subject of an indicated child abuse and maltreatment report. I understand that this inquiry is part of the application process.

Having provided the foregoing information and having made the foregoing statements under oath before a witness, I recognize that any false information or statements are punishable under the laws relating to perjury.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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