



Volunteer Tutor Application

Dr./Mr./Mrs./Ms./Miss _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Evening Phone () _____ Daytime Phone () _____ FAX () _____

Pager or other (specify) _____ E-Mail _____

Best time to contact _____

Educational Level/Work Experience:

Please indicate highest level of education completed:

Completed High School (required to participate in this program) Some College

2-Year College 4-Year College Graduate Degree Major _____ Degree _____

Employer _____

Previous volunteer experience _____

List any tutoring, mentoring, or education experience _____

_____ How long? _____

How did you learn about this project (Memphis City Schools parent/staff, media, friend, organization newsletter)?

What interests you most about participating in this project? _____

Hobbies/Interests that you may be willing to share _____

I give permission for my photo to be used in publications or brochures about this project: Yes No

Signature _____

OFFICE USE ONLY

Date Received _____	Entered in Database _____
Training Schedule _____	School Assignment _____
Training Completed _____	Start Date _____
Volunteer Not Accepted _____	Volunteer Application Withdrawn _____

Notes:

Tutoring Preferences:

Time Commitment

- 1 hour per week
- 2 hours per week, 1 hour each on 2 days
- 2 hours per week on the same day
- more than 2 hours per week
- as part of a team Team includes: 1) self 2) _____
- 3) _____ 4) _____

Note: Elementary children have two 30-minute sessions per week. During an hour of tutoring, volunteers will see two children. Tutors may choose to volunteer once a week for one hour or for both 30 minute student sessions. Tutoring sessions for middle and high school students will be 45 minutes in length once each week.

Grade Level and Subject Area:

- Reading: K-3 Grades 4-5 Grades 6-8 Grades 9-12
- Math: K-3 Grades 4-5 Grades 6-8 Grades 9-12

Training:

Training will be held at the Memphis City Schools Teaching and Learning Academy, 2485 Union Avenue at Hollywood. **Please select your first and second choice of sessions from the enclosed training calendar.** Please note on the training calendar that only specific sessions are scheduled for middle school and high school volunteers.

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

School Assignments:

Enclosed are maps showing participating schools and a chart of the open tutoring slots. **Please select your first and second choice of school assignment and time slot(s).** (If you are signing up for more than one hour per week, please complete a separate line for each hour of volunteer time. You will need to do this in both the **first choice** and **second choice** sections.) We will try to accommodate your choices as best we can, but our priority must be placing tutors in the slots needed to best serve the children. We will work with you to find an alternative assignment if your first choice is not possible.

First Choice

School _____ Day _____ Time _____

School _____ Day _____ Time _____

School _____ Day _____ Time _____

Second Choice

School _____ Day _____ Time _____

School _____ Day _____ Time _____

School _____ Day _____ Time _____

We will confirm your training time and tutoring school assignment as soon as possible. If you have any questions about this process or need help in making your selection, please call Barbara Dawson at 416-5732.



2009-10 Volunteer Information/Registration Form

We appreciate your willingness to support Memphis City Schools students. In an effort to ensure the safety of our students, MCS policy and Administrative Rules and Regulations requires all volunteers to complete this form. This information may be used to conduct a criminal background check.

The school does NOT keep a copy of the form nor do they receive a copy of the background report. All forms will be stored in a confidential manner in the Office of Community Development.

**The completed form should be returned to: Memphis City Schools/Our Children Our Future
2597 Avery Avenue/Memphis, TN 38112.**

Personal Information

(Adult) Legal Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Cell _____ Work _____ Email _____

Date of Birth _____ Driver's License # _____ Social Security # _____

Race _____ Gender: Male Female

Emergency Contact _____
Name Phone Relationship

Education: Less than high school High school or GED Votech or College (less than 4 years)
(optional) Four year college degree Advanced Degree

Place of Employment (optional) _____ How long _____ Occupation _____

Safety Information

To become a Memphis City Schools volunteer, a criminal history check may be conducted. A prior criminal record may or may not result in your disqualification from volunteering, but a failure to disclose your record on this application WILL disqualify you from volunteering.

1. Have you ever at any time been convicted of, pled nolo contendere (no contest) to, or been placed on probation for any criminal offense, felony, misdemeanor or otherwise, and/or are there any criminal charges now pending against you other than a non criminal traffic violation? Yes No
2. Have you ever been accused of or convicted of any crime or violation against a minor? Yes No
3. Have you ever had a restraining order filed against you? Yes No

If answer is "yes" to any of the above questions, please explain: _____

I understand that submitting this information does not guarantee my acceptance as a volunteer, and that assignment of volunteer work is based on the assessment made by the Memphis City Schools staff.

I understand that the data collected on this form is used to determine an appropriate volunteer placement and information not classified as public data (social security number and driver's license number) is strictly confidential and will be used only to process the volunteer's placement.

I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer placement terminated.

I understand that Memphis City Schools at their sole and complete discretion may accept or decline this application without providing me any reasons for the decision.

I declare that all statements I made on this application are true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

continued on back

Volunteer Information

Age group with which you would like to work? Elementary Middle High No preference

Specific school(s) _____

Volunteer Type

Parent of Child attending this School
 Business Volunteer
Company Name: _____

Student Volunteer
School: _____

Organization/Community/Partner/Church
Name of Organization:

Other _____

Volunteer Activities (Please check all interested in)

Our Children - Our Future
Tutoring Program

General Tutoring

CONNECT Mentoring Program

General Mentoring

Reading

Assist in Classroom

Room Parent

Parent Organization

Help in Office

Parent Patrol

Site Leadership Council

Field Day

Landscaping/beautification of
campus

After School Program

Lunchroom/Hall Monitor

Field Trip Chaperone - Day Time

Field Trip Chaperone - Overnight

Band/Music Program

Athletic Program

Watch D.O.G.S.

Other (please specify)

How did you learn of the volunteer opportunity?

Other parents MCS website

School Newsletter Newspaper Radio Television Other, specify _____

Do you speak a second language? Yes No If yes, what language? _____

Children's names _____

School _____ Teacher _____ Section _____

FOR OFFICE OF VOLUNTEER SERVICES USE ONLY:

Date Received _____ Training Completed _____

Entered in Database _____ School Assigned _____

Volunteer Accepted: Yes No

Notes _____