



Gateway2Success Tutor Application

Today's Date: _____

Personal Information

Name: _____ Male Female

Nickname: _____ Other Last Names Used: _____

Address: _____

Other places you've lived: _____

Home Phone: _____ Cell Phone: _____

Current Occupation: _____ Work Phone: _____

School or Employer Name and Address: _____

Previous occupations (if applicable): _____

Email Address: _____

How do you prefer to be contacted? _____

Age: ____ Date of Birth: _____ Ethnic Background: _____

How did you hear about our tutoring program? _____

References

1. **School/Professional:** Please list someone who has known you recently in this capacity.

Name: _____ Relationship: _____

Phone: _____ Alternate Phone/Email (optional): _____

2. **Personal:** Please list someone who knows you well personally, preferably someone who has seen you interact with children.

Name: _____ Relationship: _____

Phone: _____ Alternate Phone/Email (optional): _____

Education

What was/is your highest educational attainment? _____

What were your major(s) and/or degree(s), if any? _____

What was/is your favorite subject in school? _____

What was/is your least favorite subject? _____

Have you had any experience working with children (volunteer, paid, etc.)? If yes, please describe your experiences:

Tutoring hours are **3:15 - 4:30pm Monday-Thursday**. What day(s) can you NOT tutor?

Personal Interests and Skills

Are you a member of any community organization, student clubs or professional groups, etc.? _____

Do you have any language skills? _____

Do you have any special knowledge of a particular subject or life experience? _____

Which activities do you enjoy the most?

- | | |
|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Visiting zoos and parks |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Visiting museums |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Using computers |
| <input type="checkbox"/> Attending plays | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Going to the movies | <input type="checkbox"/> Hiking and seeing nature |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Fashion and style |

Playing sports such as _____

Watching sports such as _____

Listening to music. What kind? _____

Playing games. What kind? _____

Other: _____

Which traits describe your personality?

- | | | | | |
|------------------------------------|-------------------------------------|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Introvert | <input type="checkbox"/> Practical | <input type="checkbox"/> Creative | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Analytical | <input type="checkbox"/> Non-conforming | Other _____ | |

Do you have any interest in continuing to tutor through the summer? _____

Do you expect any future change in your family status, vocation, or residence? _____

If yes, please explain:

Health History

Mark any that apply:

- have a major illness or medical problem
- take special medications
- have sought counseling or psychological treatment of any type
- have had problems with alcohol or drug use

If you marked any of the above boxes, please explain:

Legal History

Have you ever been:

- arrested** for a crime against a minor
- charged with or convicted of any **felony** (defined as any crime punishable by 1 year or more in jail, even if the individual was actually sentenced to lesser time)
- charged with or convicted of any of the following lesser crimes:
 - an offense against a **person, family, or cruelty or abuse to animals**
 - an offense in which **sexual relations** is an element. This also includes so-called "victimless crimes" like pornography and prostitution
 - an offense involving a **state/federally controlled substance** (i.e. drugs). This also includes any DUI where drugs were involved
- under **indictment** or has a district/county attorney accepted a complaint for any of the above offenses

If you marked any of the boxes above, please explain:

Short Response

Why would you like to be a tutor?

Are you a part of any community, school, sports, arts or professional groups or clubs (service org., church, neighborhood group, etc..)?

What else would you like to share about yourself or might be useful for us to know?

Initial to agree to the following two statements:

_____ I understand that the Gateway2Success tutoring program involves spending a minimum of one hour a week for the academic year.

_____ I understand that I will be required to complete the tutor program orientation and at least two training sessions during the year.

RELEASE AND WAIVER OF LIABILITY *(Read carefully! This is a legal document that affects your legal rights!)*

In consideration of participation in an after-school program or activity offered by Reach Potential Movement at Gateway Neighborhood Center, I, the undersigned for myself and/or as the parent/guardian of the Minor named on page one, agree to indemnify and hold Reach Potential Movement harmless and hereby waive, release and discharge any and all claims for damage, for death, for personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against Reach Potential Movement, its employees, agents, volunteers, independent contractors, coaches, mentors, tutors and instructors from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this program or activity, even though the liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this program or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and hold harmless all of the persons or entities mentioned above whom, through negligence or carelessness, might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

PHOTO RELEASE: By my signature below, I acknowledge that I have read this document and understand its contents. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for Reach Potential Movement and Gateway Neighborhood Center promotional materials and publications.

Check the appropriate box and sign:

Tutor (under 18 yrs/old)_____ Tutor (over 18 yrs/old)_____ Parent_____ Legal Guardian_____

Tutor Signature:_____ Date:_____

Print Name:_____

Parent/Guardian Signature:_____ Date:_____

Print Name:_____

*For more information or help with this form, please email Rob at rob@rpmovement.org

Return or mail this completed application to:

Reach Potential Movement
attn: Rob Schulze
PO Box 2625
Sunnyvale, CA 94087