

Teen Volunteer Tutor Application Form

Tuesdays 3:30 pm – 5:00 pm

St. Andrew Anglican Church

125 Wellington St. W. Alliston, ON L9R 1H8

Mission Statement:

*To provide a safe, nurturing & secure environment, where youth can build strategies to improve their reading & writing skills and receive support with homework completion.*

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| --- |
| **Name:** First Name Last Name |
| **Birthday:** Month Day Year |
| **Age:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |
| **School:** Choose a school |
| **Grade:** Click here to enter text. |
| **How will teenager get to BrainiACTS?** Click here to enter text. |
| **How will teenager get home from BrainiACTS?** Click here to enter text. |
| **Tutoring preference?** Choose a division. |
| **Teenager’s Health Card No:** Click here to enter text. |
| **Doctor’s Name:** Click here to enter text. |

**Teenager’s Information:**

If your teenager/ward requires medical treatment, your signature (below) on this Consent Form gives BrainiACTS authorization to take initial steps to secure medical advice and services. In that event, you or the person you designate on the form, will be contacted as soon as possible.

Click here to sign. Click here to enter a date.

***Signature of Parent/Guardian*** ***Date***

**Parental Contact Information:**

 **Parent/Guardian Name:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text. **Email**: Click here to enter text.

If, **in an emergency**, you cannot be reached, the following person is hereby authorized to act on your behalf and **has been notified that he/she has been granted this authority and may be contacted by *St. Andrew Anglican Church***.

**Name:** Click here to enter text. **Relationship to teenager**: Click here to enter text.

**Address:** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell:** Click here to enter text.

**Permission To Be Photographed**

This is to certify that I, Insert Parent/Guardian’s Name, give my consent for my teenager/ward to have his/her picture taken during the program. The photographs may be used for such things as (but not limited too) future program posters, write ups, informational brochures, Church History, Church website, Face Book, Twitter etc.

 **Parent/Guardian Signature:** Click here to sign. **Date:** Click here to enter a date.

**Level of Experience (To be completed by teenager)**

Have you ever worked with children (other than your family) in the past; job related or volunteer?

**Yes** [ ]  **No** [ ]

If yes; when and in what capacity?Click here to enter text.

**References**

**Reference #1 *\*Cannot be a relative\****

 **Name:** Click here to enter text.

**Relationship to teenager:** Click here to enter text.

**How long have you known reference?** Click here to enter text.

**In what capacity do you know the reference?** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

**Best time to call?** Choose a time

**Reference #2 *\*Cannot be a relative\****

 **Name:** Click here to enter text.

**Relationship to teenager:** Click here to enter text.

**How long have you known reference?** Click here to enter text.

**In what capacity do you know the reference?** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

**Best time to call?** Choose a time

**Reference #3 *\*Cannot be a relative\****

 **Name:** Click here to enter text.

**Relationship to teenager:** Click here to enter text.

**How long have you known reference?** Click here to enter text.

**In what capacity do you know the reference?** Click here to enter text.

**Phone Home:** Click here to enter text. **Cell**: Click here to enter text.

**Best time to call?** Choose a time

Once completed, please **SAVE** this application form and **EMAIL** the application form as an attachment to **s.dickson@standrewanglican.ca**

Thank you for your interest in the BrainiACTS program,. If you have any questions, please send an email to the above email address.

Sheila Dickson

(Program Coordinator)