

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  |
| **Address:** Click here to enter text. |
| **Please list any medications, health concerns or allergies:** Click here to enter text. |
| **Phone Home:** Click here to enter text. **Cell**: Click here to enter text.  **Email**: Click here to enter text. |
| **Best time to call:** Choose a time. |
| **Tutoring preference?** Choose a division. |

 **Volunteer Tutor’s Information:**

 **Emergency Contact Information:**

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

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

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

**Level of Experience**

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 Volunteer:** 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 Volunteer:** 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 Volunteer:** 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

**Screening and Photo Release**

Applicants for volunteer tutoring are required to participate in screening that includes: a police records check\*, a minimum of two references, participation in a screening interview, sexual misconduct course and an Orientation to BrainiACTS program.

* I must successfully complete the above screening process in order to become a volunteer tutor.
* I agree to provide two references one personal and one work or volunteer related and give my permission for them to be contacted. I will submit to a police records check\*. If at any time during my volunteering, I am charged with or convicted of an offence that precludes volunteering, I agree to declare it to It Takes A Village Leadership immediately.
* I give my permission for my photo to be taken during the program for use within the church for advertising, program posters, write ups, informational brochures, church history, church website, Face Book, Twitter etc.

**\***The police records check is done through a special service contracted by the Anglican Diocese in Toronto. It is an extensive check. Sometimes volunteers ask if a records check conducted by the local OPP detachment will suffice. The answer is no. The Anglican Diocese of Toronto is committed to ensuring the that vulnerable(children) who are being ministered through St. Andrew Anglican Church are protected to the absolute best of their ability ... that means going above and beyond in our scrutiny. We ask that the volunteer pay the **$28.25 ($25.00 + tax) fee** for this police records check which is good for a three year period. Thank you for participating in the commitment of responsible ministry with children; thus, ensuring everyone’s backgrounds have been checked thoroughly for the safety of all involved.

**Volunteer’s Name:** Click here to enter text. **Date:** Click here to enter a date.

**Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(To be signed at the screening)**

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)