



## Cross Age Tutoring Program Volunteer Tutor Application

### Personal Information

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age & Birth Date \_\_\_\_\_ Phone (h) \_\_\_\_\_

Email \_\_\_\_\_ Phone (c) \_\_\_\_\_

School & Grade \_\_\_\_\_

MALE/FEMALE Ethnicity: \_\_\_\_\_

#### Best time to contact:

(Circle all that apply)

MORNING AFTERNOON EVENING EMAIL HOME CELL

How did you hear about  
Cross Age Tutoring?

\_\_\_\_\_

### Scheduling Information

There are two sessions of the Cross Age Tutoring Program, one in June and one in July. Tutors are expected to volunteer from 8:45 am – 12:30 pm. You may volunteer for one or both sessions. Please circle the session(s) you are interested in.

<b>Session 1 June 14-30</b>	<b>Session 2 July 12-28</b>
Tuesday, Wednesday, Thursday 8:45-12:30 pm	Tuesday, Wednesday, Thursday 8:45-12:30 pm



**Please read and initial each of the following before signing:**

\_\_\_\_\_ I understand that all information I provide to the Literacy Council of Alaska (LCA) is for use in providing services to students and maintaining necessary records and reports.

\_\_\_\_\_ I agree that I will, as a School Age tutor for LCA, maintain the confidentiality policy. Any information that students provide to LCA or to me during my tutoring experience is to be kept strictly confidential.

\_\_\_\_\_ I will not sexually abuse the children.

\_\_\_\_\_ I will speak and conduct myself respectfully towards all children, teenagers and adults.

\_\_\_\_\_ I understand that I am not allowed to use or carry weapons, drugs, or alcohol during tutoring.

\_\_\_\_\_ I further authorize LCA and its employees and agents to take me to the hospital, doctor, or dentist if I have an injury or accident. I agree to pay all medical costs that result. I further release LCA and its employees and agents from all claims for bodily injury and property loss.

\_\_\_\_\_ I agree to tutor only at Denali Elementary School

\_\_\_\_\_ I agree never to transport a student

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please drop off, email, or mail this application to:

[schoolage@literacycouncilofalaska.org](mailto:schoolage@literacycouncilofalaska.org)

School Age Staff, Literacy Council of Alaska, 517 Gaffney Rd., Fairbanks, AK 99701

**Next Steps:**

After review of your application, one of our staff members will be contacting you to schedule a short personal interview.

**THANK YOU FOR YOUR INTEREST IN the CROSS AGE TUTORING PORGRAM!**