



# LITERACY COUNCIL of ALASKA

517 Gaffney Rd, Fairbanks, AK 99701 \* Phone: (907)456-6212 \* Fax: (907)456-4302 \* lca@literacycouncilofalaska.org

## SUMMER CROSS-AGE TUTORING PROGRAM VOLUNTEER TUTOR APPLICATION Personal Information

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

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

Age \_\_\_\_\_ Phone (h) \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone (c) \_\_\_\_\_

Email \_\_\_\_\_

School & Grade (Fall 2016) \_\_\_\_\_

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

### Best time to contact you:

(Circle all that apply)

MORNING AFTERNOON EVENING

EMAIL HOME CELL

### How did you hear about Cross Age Tutoring?

\_\_\_\_\_

## Session Information

There are two sessions of the Cross Age Tutoring Program, one in June and one in July. Tutors are expected to volunteer from 8:30 am – 12:30 pm. You may volunteer for one or both sessions. Please circle the session(s) you are interested in. There will be a day of training - date and time to be determined- prior to the first day tutoring students.

<b>Session 1: June 14-30, 2016</b>	<b>Session 2: July 12-28, 2016</b>
Tuesday, Wednesday, Thursday 8:30 am - 12:30 pm	Tuesday, Wednesday, Thursday 8:30 am - 12:30 pm





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## 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 Barnette Magnet 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 submit your application by May 20, 2016

By mail: The Literacy Council of Alaska  
Summer Cross-Age Tutoring Program  
517 Gaffney Rd.  
Fairbanks, AK 99701

or

By scan & email: [schoolage@literacycouncilofalaska.org](mailto:schoolage@literacycouncilofalaska.org)

or

By fax: (907) 456-4302

## 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 PROGRAM!**