**Tutor Application**

*Section One: Basic Information* Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMB:\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UPS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section Two: Responsibilities*

I will attend all tutoring sessions with my student, understanding that they are depending on me and I must not betray their trust. If I must cancel I will be in regular contact with my student, keeping them informed. I will keep in regular contact with Youth Programs about problems, concerns, or questions that I may have and I will read and respond to all emails they may send to me. If I do not comply with these terms, I understand that my participation in this program may be terminated.

\*I have read and agree with these terms (Please Initial)

*Section Three: Academic Information*

Please tell us what days and times you will be available to tutor. Please Note: Our hours are dependent Tacoma Public School and our community partners and their hours. This varies by program.

Please specify what age ranges you are most comfortable tutoring all subjects:

☐Kindergarten‐2nd grade ☐3rd grade‐5th grade ☐6th grade‐8th grade

☐High School ☐All grades are fine

Are there more specific subjects you are comfortable tutoring in for grades 6 and above? (English, Math, Chemistry, etc.)

How many days a week do you plan to tutor? (Circle one)

Strictly 1 1‐2 2‐3 3+

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities and Liabilities

This Release and Waiver of Liability executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) releases Youth Programs/ Center for Intercultural and Civic Engagement, part of the University of Puget Sound organized and existing under the laws of the State of Washington and its of its directors, officers, employees, and agents. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) desire to provide volunteer services for this non-profit by serving as a tutor.

Signing this, you understand the scope of the relationship with this organization is limited to a volunteer position and that no compensation is expected in return and that expectations and responsibilities will be adhered to.

**Liabilities**

1. Liability in Communication: I understand though this program involves interaction with students below the age of 18, I am primarily responsible in making arrangements with the **guardian**, teacher, or community partner and that if I am deprived of this information; I can obtain it through the Youth Programs Coordinator. \_\_\_\_\_\_(initials)
2. Liability in Location: I understand that this is a University sponsored organization and that I must conduct mentoring sessions in areas accessible to the Puget Sound environment. This includes academic buildings, dining halls, classrooms, and the library. This **forbids** residential housing or locations that can be misconstrued as so. Students’ exposure to alcohol, drugs, or other harmful substances makes me subject to University policy and the law. (All of the tutoring programs take place off-campus and thus any interaction with your tutees must be within the confines of said program’s location either at the school or community center.) \_\_\_\_\_\_\_\_\_\_ (initials)
3. Liability in Relationship: I understand my relationship with my student is purely for academic purposes, and topics of conversations will be steered in that direction. However, if I feel that the information revealed by my student hold the possibility of being detrimental to themselves or to others, I am obligated, **under the law**, to report it to the Youth Programs Coordinators. This includes alcohol and drug use, and physical abuse from peers or parents. \_\_\_\_\_\_\_\_\_ (initials)

**Responsibilities**

1. Responsibility as a Tutor: As a volunteer tutor, it is not my job to be a teacher. The students I work with will bring homework or schoolwork to work on. My job is to clarify concepts, not to teach them. I am a tutor, not a babysitter. I have no authority to reprimand, but to report misbehavior to the teacher in charge \_\_\_\_\_\_\_\_\_\_(initials)

* I understand my position does not encourage me to give peer advice to students I teach, but remain neutral in difficult situations \_\_\_\_\_\_\_\_\_ (initials)

1. Responsibility as a UPS Student: I understand that my studies come first, but that my commitment to tutor is important and I will plan ahead so that I am able to balance my responsibilities as a student and as a tutor. I will anticipate particularly busy times of year and inform the teacher or volunteer coordinator well in advance (at least two weeks) if I am unable to tutor on a particular day. This includes helping them be aware of our school break schedule. \_\_\_\_\_\_\_\_\_\_\_ (initials)

By signing below, I express my understanding and intent to volunteer for this organization and conform to their protocols and responsibilities entailed, willingly and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Implementation of the Student Integrity Code**

It is important for the children and the families involved in “KIDS CAN DO!” or Tutoring Programs, as well as CICE and the University of Puget Sound, that our students represent the University in a positive manner. Students who have been placed on conduct probation are not permitted to participate in the “KIDS CAN DO!” or the Tutoring Programs as mentors or tutors during their probationary period. Previous involvement in the integrity code process could also have an impact on your participation.

*Pursuant to the Family Educational Rights and Privacy Act (FERPA) and the University of Puget Sound Policy, the Division of Student Affairs does not release personally identifiable educational and/or records without written permissions of the individual involved.*

Therefore I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To disclose information concerning myself and to discuss materials and opinions if necessary related to that information to:

Name: Skylar Bihl Title: Assistant Director for Civic Engagement

Institution: University of Puget Sound Phone: (253) 897-2751

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any information obtained will be directly released only to the Assistant Director for Civic Engagement.

|  |  |
| --- | --- |
| Name: | Date: |
| UPS ID #: | Anticipated Graduation Date: |

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