Adult Volunteer Application

Applicant Information

Full Name: _____ DOB: _____
Last *First* *M.I.* *Date of Birth*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

Phone: _____ Email: _____

Date Available: _____ Sex: Male ☐ Female ☐

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Are you bilingual? YES ☐ NO ☐ If yes, what other language do you speak? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

_____

_____

_____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Degree: _____

References

Please list three professional references. (They must not be related to you e.g., teachers, past or current employers etc.)

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Tell Us About Yourself

Why do you want to volunteer for The Glisteners Foundation?

_____

_____

_____

_____

_____

_____

_____

When did you feel you were able to bring out the best in someone else? If you did, how did that positively change that individual? If not, how would you have approached it if given the chance again?

_____

_____

_____

_____

_____

_____

_____

Tutoring

What experiences qualifies you for the position for which you are volunteering? _____

_____

_____

_____

_____

What subjects can you tutor?

_____

_____

Do you prefer tutoring one subject over another? YES ☐ NO ☐

If, yes which one/ones? _____

Tutoring elementary school age children can be a complex task at times. If a student begins to show a lack of interest during a session, tell us how you would handle this?

_____

_____

_____

_____

_____

_____

Hours of Availability

What date will you be available to start tutoring? _____

What hours will you be available to tutor? Please check all that applies:

Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm - 4:00pm ☐	3:00pm – 4:00pm ☐	3:00pm – 4:00pm ☐	3:00pm – 4:00pm ☐	3:00pm – 4:00pm ☐
4:00pm – 5:00pm ☐	4:00pm – 5:00pm ☐	4:00pm – 5:00pm ☐	4:00pm – 5:00pm ☐	4:00pm – 5:00pm ☐
5:00pm – 6:00pm ☐	5:00pm – 6:00pm ☐	5:00pm – 6:00pm ☐	5:00pm – 6:00pm ☐	5:00pm – 6:00pm ☐
6:00pm – 7:00pm ☐	6:00pm – 7:00pm ☐	6:00pm – 7:00pm ☐	6:00pm – 7:00pm ☐	6:00pm – 7:00pm ☐

How often are you willing to serve in the volunteer tutoring program?

Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Other ☐ _____

Background Check

As a volunteer tutor for The Glisteners Foundation, you will be tutoring elementary school students from kindergarten to sixth grade. For the safety of our students, we ask that you consent to a background check. Please check one the following statements and sign below as to whether or not you consent to undergo a background check.

☐ Yes, I consent to a background check ☐ No, I do not consent to a background check

_____ _____

Signature of Applicant Date

Disclaimer/Waiver and Signature

I understand that The Glisteners Foundation is a Non-Profit Organization, therefore I will not be compensated for my tutoring services.

I agree to abide by all the terms and conditions of The Glisteners Foundation and will uphold educational integrity by giving my best service to The Glisteners Foundation. I understand that I will be tutoring minor children and will treat each student with respect as outline in the Volunteer's Guideline – Handbook of Regulations.

I understand that false or misleading information in my application may result in my release, even after I have already been accepted as a Volunteer Tutor.

I certify that all my answers are true and complete to the best of my knowledge, and that I am seeking a volunteer tutoring position with The Glisteners Foundation.

_____ _____

Signature of Applicant Date

OFFICE USE

Background Check Completed: PASS ☐ FAILED ☐

References confirmed: YES ☐ NO ☐

ACCEPTED ☐ **REJECTED ☐**

REASONS FOR REJECTING APPLICATION:

_____ _____

Official/Supervisor's Signature Date