



Address: 1990 Market St. Concord, CA 94520  
Mailing address: P. O. Box 23973. Pleasant Hill, CA 94523  
Phone: 925.825.7751 | fax: 925.825.8732

**Office Use Only**

Date Completed:

Received By:

**After School Café: Fall 2017**

**TUTOR APPLICATION**

**DEADLINE: September 1, 2017**

**TUTOR APPLICANT SECTION**

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade/Year \_\_\_\_ School \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TUTORING SCHEDULE:**

For our tutoring program, you are required to tutor one day a week but you are welcome to volunteer for two tutoring days if your schedule permits it. ***Please check off the day you will volunteer.***

- Wednesdays      2:45pm-4:45pm
- Thursdays        2:45pm-4:45pm

Please let us know of any scheduling conflicts, if any, and explain the reason. The After School Café Coordinator will follow up with you.

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

You are allowed to miss only three tutoring days. Are there any dates that you will not be able to attend tutoring? \_\_\_\_\_

\_\_\_\_\_

Is there a particular subject you would like to tutor? Please explain:

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



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**Have you worked with children before? What grades or ages have you worked with? Please explain.**

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**Do you speak any additional languages besides English?** \_\_\_\_\_

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**Will you be using your hours for a particular reason (Example: Class, Community Engagement Course, Confirmation, HS Community Service Requirement)? If so, please explain:**

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**PLEASE NOTE:** This program cannot fulfill a court-mandated or school-mandated requirement. Please contact After School Café Coordinator for a referral to an alternate Monument Crisis Center program.

**What community engagement course will you be using these hours for? (FOR COLLEGE STUDENTS)**

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**Do you have reliable transportation?**

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**How did you hear about Monument Crisis Center?**

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**PARENT OR GUARDIAN SECTION**

**Parent (s) or Guardian (s) Contact Information**

*\*IF COLLEGE STUDENT, OR 18 AND OLDER, PLEASE SKIP.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # 1. (h / c / w) \_\_\_\_\_ # 2.(h / c / w) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # 1. (h / c / w) \_\_\_\_\_ # 2.(h / c / w) \_\_\_\_\_

**In the event of an emergency, we always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents/guardians. These people are also authorized to pick up applicant from the facility. Please list all appropriate phone numbers. (FOR COLLEGE STUDENTS or 18+: Parents can be listed as EMERGENCY CONTACT)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please Note: The applicant will not be released to anyone who is NOT on this list. Persons on this list will be asked to present identification at time of pick-up. Please notify Monument Crisis Center if there is a person who is not, under any circumstances, authorized to pick up applicant.**



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**INSURANCE AND MEDICAL INFORMATION:**

Insurance Provider \_\_\_\_\_ ID Number \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Does applicant require any medication while at the program?  Yes (please list)  No

**Allergies** – Does applicant have any allergies to food, medications, insects, etc.?  Yes  No

If Yes, please list: \_\_\_\_\_

EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Health Conditions** – Has applicant, currently or in the past, been diagnosed with any of the following health conditions (check all that apply):

Asthma  Yes  No Epilepsy/Seizure Disorder  Yes  No

Diabetes  Yes  No Frequent Migraine Headaches  Yes  No

Heart Problems  Yes  No Attention Deficit-Hyperactivity  Yes  No

Vision/Hearing Problems  Yes  No Chronic Ear Infections  Yes  No

If Yes, please explain: \_\_\_\_\_

List any other health condition(s) not listed above: \_\_\_\_\_

Please list any other information that will assist our staff in helping the applicant during the program.

\_\_\_\_\_  
Print Full Name of Parent, Guardian (for  
applicants under 18)  
For college students or 18+ applicant, Print Full  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Please list any restrictions to photo release form**

- I grant the Monument Crisis Center the right to take photographs and video of my child while at the Center. I authorize the Monument Crisis Center, as well as its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Monument Crisis Center may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.
- I **DO NOT** grant the Monument Crisis Center the right to take photographs and video of my child while at the Center.

**Restrictions:** \_\_\_\_\_

Print Full Name of Parent, Guardian (for applicants under 18) For college students or 18+ applicant, Print Full Name	Signature	Date
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**My Signature gives permission for the following:**

**Emergency Release**

If, in the judgment of the staff of the Monument Crisis Center the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Monument Crisis Center (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Print Full Name of Parent, Guardian (for applicants under 18) For college students or 18+ applicant, Print Full Name	Signature	Date
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ASC Tutor Behavior Contract FALL 2017

Program Dates for FALL 2017

Start Date: September 20th End Date: November 30th

Training Dates1 (REQUIRED TO ATTEND ONE) : September 13th and 14th 3:00pm-4:30pm

Please read and initial on the provided line.

- I will commit to consistently attending tutoring for the 10 week program (and that although required hours may be completed, I must still attend tutoring until program is finished)
I will commit myself to becoming a present, concerned and involved tutor
I will be prompt for all sessions with my assigned students
I will notify the supervisory staff of any inappropriate behavior involving the students, tutors, or staff
I WILL ATTEND AND ACTIVELY PARTICPATE IN ONE OF THE TUTOR TRANINGS
I WILL BEHAVE IN A PROFESSIONAL MANNER AT ALL TIMES AND KEEP IN CONTACT WITH CENTER STAFF REGARDING MY RESPONSIBILITES
I WILL NOT USE MY PHONE DURING TUTORING
I UNDERSTAND THAT I MUST NOTIFY ASC COORDINATOR IF I WISH TO USE MY VOLUNTEER HOURS FOR SCHOOL RELATED PURPOSES (ex. NHS, confirmation, scouting, class project)
I UNDERSTAND THAT I MAY NOT USE MY VOLUNTEER HOURS FOR COURT MANDATED HOURS. NO EXCEPTIONS2
I WILL FILL OUT ALL DOCUMENTS NEEDED AND PROVIDE ALL NECESSARY INFORMATION AND KEEP SAFETY AT ALL TIMES AS MY TOP PRIORITY
I WILL NOT MISS MORE THAN THREE(3) TUTORING DAYS
I WILL NOTIFY THE ASC COORDINATOR BY EMAIL afterschoolcafe2350@gmail.com OR BY PHONE (925) 825-7751 ext 126 IF I AM UNABLE TO MAKE IT TO ANY TUTORING SESSION 24 HRS IN ADVANCE MINIMUM

\*\*\*REGULAR CHECK-INS AND MEETINGS WILL BE MADE WITH ALL TUTORS\*\*\*

Print Name Signature Date:

If tutor is high school student, please read and sign below:

I HAVE REVIEWED THE AFTER SCHOOL CAFÉ BEAHAVIOR CONTRACT WITH MY CHILD AND UNDERSTAND IT.

Parent Signature: Date

1 If you cannot attend a Tutor Training, please contact ASC Coordinator to schedule a makeup date.

2 If you need to fulfill a court-mandated requirement, please contact After School Café Coordinator for a referral to an alternate Monument Crisis Center program