



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: _____

College Intern or Mentor Application
Teen Center – Fall 2017
DEADLINE: September 1, 2017

Name _____
Last First M.I.

Phone Number: _____ Email address: _____

Address _____

Birthdate ____/____/____ Age ____ School _____

TUTOR 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. ***Please circle the day you will volunteer.***

Which day can you tutor? Wednesday 2:15-4:45pm Thursday 2:15-4:45pm Wednesday and Thursday

TUTOR APPLICATION QUESTIONS:

How did you hear about Monument Crisis Center?

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

Are there particular subjects, activities, arts&crafts, games, ice breakers, etc. that you enjoy and want to lead with the students? Please explain:

Will you be using your hours for a particular reason (Example: Class, Community Engagement Course, internship, etc.)? If so, please explain:
***PLEASE NOTE:** This program **cannot fulfill a court-mandated or school-mandated requirement.** Please contact the Teen Center Coordinator for a referral to an alternate program.



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Do you speak another language (ex: Spanish, Farsi, Mandarin, etc.)? If yes, please list below.

Do you have reliable transportation to arrive promptly at 2:15 and leave promptly at 4:45?

INSURANCE AND MEDICAL INFORMATION:

Insurance _____ ID Number _____

Medical Provider _____ Phone _____

Do you require any medication while at the program? Yes (please list) No

Allergies – Do you have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list: _____

Do you have a dietary restriction? (e.g. kosher, vegetarian, no pork, etc.):

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

- | | | | |
|-------------------------|--|---------------------------------|--|
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy/Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequent Migraine Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Attention Deficit-Hyperactivity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vision/Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chronic Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, please explain: _____

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

EMERGENCY CONTACT INFORMATION:

In the event of an emergency, we are required to have an emergency contact. Please list all appropriate phone numbers.

Name _____ Relationship _____

Phone primary: _____ Phone secondary: _____

Name _____ Relationship _____

Phone primary: _____ Phone secondary: _____



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Teen Center Behavior Contract FALL 2017

Program Dates for Spring 2017

Start Date: September 20, 2017

End Date: November 30, 2017

Training dates (REQUIRED TO ATTEND ONE): Wed. Sept. 13th 3:00-4:30pm or Thurs. Sept. 14th 3:00-4:30pm

*If you cannot attend either training day, please contact the Teen Center coordinator to set up a makeup date

Please read and initial on the provided line.

- I will commit to attending tutoring for the 10 week program (and that although required _____ hours may be completed, I must still attend tutoring until finished) _____
- I will attend and actively participate in one of the tutor trainings _____
- I will be prompt for all sessions with my assigned students _____
- I will keep safety as my top priority at all times. If I see something, I will say something _____ to a MCC staff member immediately.
- I will commit myself to becoming a present, concerned, and involved tutor _____
- I will behave in a professional manner at all times and keep in contact with center staff _____ regarding my responsibilities
- I will not use my phone during tutoring _____
- I understand that I may NOT use my volunteer hours for COURT-MANDATED _____ hours. NO EXCEPTIONS.
- I will notify the Teen Center coordinator, Jay Johnson, by email teencentermcc@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.** (You are allowed 3 absences). _____

*** Regular check-ins and meetings will be made with all tutors***

Print Name: _____

Tutor Signature: _____