

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:

2019

After School Café: Spring

**TUTOR APPLICATION
DEADLINE: January 4, 2019**

TUTOR APPLICANT SECTION

Name _____
Last First M.I.

Address _____

Birthdate ____/____/____ Age ____ Grade ____ School _____

Email address: _____ Phone Number: _____

TUTORING SCHEDULE:

Spring Semester 2019: January 23rd – May 9th

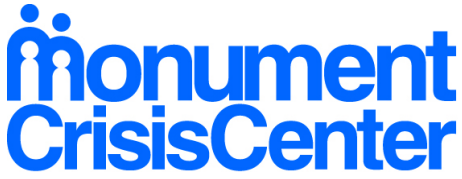
For our tutoring program, you are required to tutor one day a week but you are welcome to volunteer for two tutoring days if your schedule permits it. ***Please check off the day you will volunteer.***

___ 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.

Do you speak any additional languages besides English fluently?

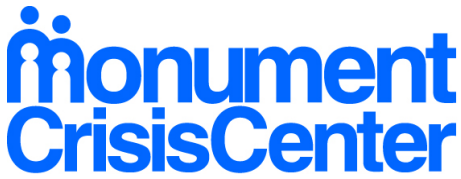
Will you be using your hours for a particular reason (Example: Class, Community Engagement Course, Confirmation, HS Community Service Requirement)? If so, please explain:

PLEASE NOTE: This program cannot fulfill a court-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)

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

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 ONLY THIS SECTION. YOU MUST FILL OUT EMERGENCY CONTACTS SECTION BELOW.***

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)

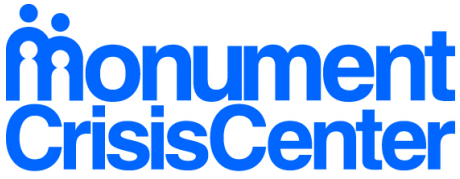
Name _____ Relationship _____

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):

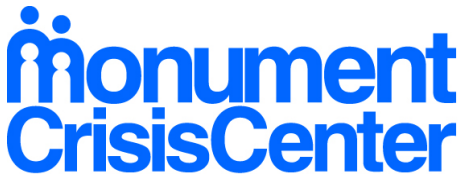
- | | | | |
|-------------------------|--|---------------------------------|--|
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy/Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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

My Signature gives permission for the following:

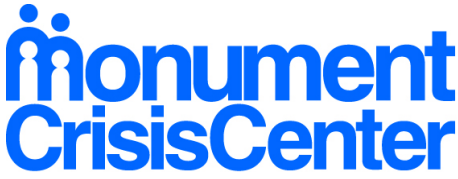
Emergency Release

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 SPRING 2019

Program Dates for SPRING 2019

Start Date: January 23rd End Date: May 9th

Training Dates: (REQUIRED TO ATTEND ONE): January 16th and 17th 3:00pm-4:30pm (CIRCLE ONE DATE)

Please read and initial on the provided line.

- I will commit to consistently attending tutoring for the entire program...
I will commit myself to becoming a present, concerned, and involved tutor.
I will be on time for all sessions with my assigned students.
I will keep safety as my top priority at all times.
I will notify the supervisory staff right away of any inappropriate behavior...
I will behave in a professional manner at all times...
I will not use my phone during tutoring.
I will attend and actively participate in one of the tutor trainings.
I will arrange to be picked up by 4:45pm after my volunteer session is complete.
I understand that I must notify the ASC Coordinator if I wish to use my volunteer hours...
If I need my tutoring hours to be verified, I will give the ASC Coordinator any necessary paperwork at least one week prior...
I understand that I may NOT use my volunteer hours for COURT-MANDATED HOURS. NO EXCEPTIONS.
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 125 if I am unable to make it to any tutoring session 24 hours in advance minimum.

Print Tutor Name _____ Tutor Signature _____ Date: _____

If tutor is high school student or under 18 years old, parents must read contract and sign below:
I have reviewed the After School Café Behavior Contract with my child and understand it.

Print Parent Name: _____ 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.
Revised November 28, 2018