

WADE EDWARDS LEARNING LAB

Volunteer Application



APPLICANT INFORMATION

Last Name:		First:		M.I.	Date:
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Are you: <input type="checkbox"/> A student <input type="checkbox"/> A professional <input type="checkbox"/> Retired <input type="checkbox"/> Other (explain): _____					
Have you ever been convicted of a felony? <i>*All volunteers must submit to a background check. Conviction does not automatically disqualify you from volunteering.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
Is there anyone who might suggest that you should not work with youth?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
Are you uncomfortable with working with students of the opposite sex?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			

EDUCATION

High School					
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College/University:					
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three references that can speak to your ability to tutor/mentor teens. **One must be a relative**

Full Name:	Relationship:
Email Address:	Phone:
Full Name:	Relationship:
Email Address:	Phone:
Full Name:	Relationship:
Email Address:	Phone:

PREVIOUS VOLUNTEER EXPERIENCE

Organization:		Supervisor:
Phone:		Email:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Organization:		Supervisor:
Phone:		Email:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

VOLUNTEER TUTOR PREFERENCES

Please check which subjects you wish to tutor. **Select all levels you are comfortable tutoring:**

<input type="checkbox"/> Algebra 1	<input type="checkbox"/> AP English	<input type="checkbox"/> Spanish 1
<input type="checkbox"/> Algebra 2	<input type="checkbox"/> IB English	<input type="checkbox"/> Spanish 2
<input type="checkbox"/> Biology	<input type="checkbox"/> French 1	<input type="checkbox"/> Spanish 3
<input type="checkbox"/> AP Biology	<input type="checkbox"/> French 2	<input type="checkbox"/> Spanish 4
<input type="checkbox"/> Calculus	<input type="checkbox"/> French 3	<input type="checkbox"/> AP Spanish
<input type="checkbox"/> Chemistry	<input type="checkbox"/> French 4	<input type="checkbox"/> IB Spanish
<input type="checkbox"/> AP Chemistry	<input type="checkbox"/> Latin 1	<input type="checkbox"/> US History
<input type="checkbox"/> Earth Science	<input type="checkbox"/> Latin 2	<input type="checkbox"/> Honors US History
<input type="checkbox"/> English 1	<input type="checkbox"/> Latin 3	<input type="checkbox"/> AP US History
<input type="checkbox"/> English 1 (Honors)	<input type="checkbox"/> Latin 4	<input type="checkbox"/> World History
<input type="checkbox"/> English 2	<input type="checkbox"/> Math 1	<input type="checkbox"/> AP World History
<input type="checkbox"/> English 2 (Honors)	<input type="checkbox"/> Math 2	
<input type="checkbox"/> English 3	<input type="checkbox"/> Math 3	
<input type="checkbox"/> English 3 (Honors)	<input type="checkbox"/> Physics	
<input type="checkbox"/> English 4	<input type="checkbox"/> AP Physics	<input type="checkbox"/> Other (Please list): _____
<input type="checkbox"/> English 4 (Honors)	<input type="checkbox"/> Pre-Calculus	

TUTORING AVAILABILITY:

Please choose all days and times you are available, and for how long you're available. **The Lab is open Mon.-Thurs. 2:15-7pm**

Example: Monday: 3pm-5pm, Thursday: 3-6pm

Monday: _____ Thursday: _____

Tuesday: _____

Wednesday: _____

EMPLOYER INFORMATION

Company: _____

Address: _____

My company offers grants or matching funds for employee volunteers: Yes No

Yes! Contact me for more information.

SIGNATURE

By signing below, I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____