

KIWANIS OF BATESVILLE & KEY CLUB OF BATESVILLE HIGH SCHOOL

are joining with community volunteers to provide educational tutoring services for students in grades K-8 at Batesville Community Schools and St. Louis School through their new

KIDS & US TUTORING PROGRAM.

If you have a couple hours a week available to help a child to learn – and are interested in serving as a Kids & Us Tutoring Volunteer, please complete the Volunteer Application below, and drop it off at the administrative office of either BPS, BIS, BMS or St. Louis School by **August 20**.

Volunteers may choose from two training sessions, **August 30th or August 31st** – both at 6:30 p.m. at the BMS Commons Area. Tutoring sessions will begin in September as teachers identify students who could benefit from tutoring assistance.

A few hours of your time can make a difference in the life of a student!

For more information – contact Jan Santerre: JanSanterre@gmail.com Cell: 440-610-6950 - Evenings

KIDS & US TUTORING PROGRAM *Batesville, Indiana*

VOLUNTEER APPLICATION

Today's Date: _____

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

PERSONAL INFORMATION

LEGAL NAME: Last, First, Middle _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Are you 16 years of age or older? Yes No Birthdate: _____

EDUCATION & SPECIAL TRAINING

Please circle the last grade completed: High School: 9 10 11 12 ___ Diploma or ___ GED

College: 1 2 3 4 Major: _____ ___ Business School ___ Other

Special Training: _____ Hobbies, Skills, Interests: _____

Previous Volunteer Experience: _____

SCHOOL AGE PREFERENCE

Please check the schools you are interested in working with:

BPS – Grades K-3 BIS – Grades 4 & 5 BMS – Grades 6-8 St. Louis School – Grades K-8

Continued on the Reverse Side

AVAILABILITY

Please check all the days and time periods you are available to volunteer – *Mornings/Afternoons or Either*

MONDAY AM PM Either **TUESDAY** AM PM Either **WEDNESDAY** AM PM Either
 THURSDAY AM PM Either **FRIDAY** AM PM Either

Frequency: *each tutoring session is approximately 1-hour long, how often could you volunteer an hour:* 1/Week 2/Week

Would you be willing to serve as a substitute tutor should the need arise? Yes No

If you are willing to serve as a substitute tutor, which days work for you? MON TUE WED THU FRI

EMERGENCY CONTACT INFORMATION

Please list whom we should contact in an emergency:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Please list any medical information that may assist us in an emergency:

Physician's Name: _____ Phone: _____

Allergies: _____ Meds: _____

CRIMINAL BACKGROUND HISTORY

Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation?

No **Yes**, If Yes – please specify : Date: _____ Charge: _____

Place: _____ Action Taken: _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during or after I begin my position as a volunteer may lead to my termination.

I hereby authorize the Kiwanis of Batesville and the Batesville Community School Corporation to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with the Kids & Us program. My signature on this application authorizes Kiwanis of Batesville and/or the BCSC to request written verification as needed. I understand that all volunteers must undergo a Limited Criminal Background Check through the Indiana State Police. I hereby authorize the procurement of this report. I release from liability any person giving or receiving such information now or in the future. I hereby release the Batesville Kiwanis, the BCSC and any of their agents from any and all liabilities arising out of any errors or omissions regarding my background information.

I understand that all volunteers for St. Louis School must successfully complete the Archdiocesan VIRTUS program for interaction with school aged youth, and if I indicated that I want to volunteer at St. Louis School, I will complete the VIRTUS program.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with the established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.

I understand that my volunteer position with the Kids & Us program means volunteering at the Kids & Us program's discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of the Kids & Us program or myself.

Applicant's Signature: _____ Date: _____

PARENTAL/GUARDIAN PERMISSION REQUIRED FOR VOLUNTEERS UNDER AGE 18.

I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with the *Kids & Us Program*.

Parent/Guardian Signature: _____ Date: _____