



## Tutor Volunteer Interest Form

Please email completed form to [nwilliams@myncbc.org](mailto:nwilliams@myncbc.org)

### Personal Information

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Please list your degree earned and education and experience in subject matter \_\_\_\_\_

### Employment

Please list your current or last employer \_\_\_\_\_

Years employed \_\_\_\_\_ Position/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name & Supervisor Title \_\_\_\_\_ Phone \_\_\_\_\_

Second Previous Employer \_\_\_\_\_

Years employed \_\_\_\_\_ Position/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Availability and Interest

What days during the week are you available to tutor? \_\_\_\_\_

What time in the afternoon (3-6pm) are you most available to tutor? \_\_\_\_\_

What grades are you most comfortable working with? \_\_\_\_\_

What subjects are you interested in tutoring? \_\_\_\_\_

\_\_\_\_\_

Please list any experience you have working with children grades K-12. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any work or other schedules that may interrupt your tutoring availability.

\_\_\_\_\_

Would you be available to tutor earlier on school early dismissal days? (11:30am or 1:30pm typically on a Monday or Friday)

\_\_\_\_\_

Briefly tell why you are interested to tutor in this program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to complete background checks and clearances to be approved to serve within the tutoring of the After School Program of New Castle Bible Church?

Yes

No

**Church Affiliation**

What church are you a member of? \_\_\_\_\_

How long have you attended there? \_\_\_\_\_

**Signature**

My signature below certifies that all information is true. I authorize investigation of all pertinent personal and employment information. I give consent for NCBC to conduct all necessary criminal records background checks as they are required to volunteer as a tutor in the After School Program. I authorize the appropriate law enforcement agencies to release information pertaining to any record or file on me and release said agency from any and all liability from disclosure. I understand if any checks and clearances are denied, I will not be allowed to tutor in the After School Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_