Tutor Volunteer Interest Form

Please email completed form to jsalmon@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 _____

Availabililty 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 _____