

WWU Science Tutor Volunteer Application

Please complete this application as thoroughly as possible. We assure you that all information you provide is completely confidential.

If you would like to tutor during the quarter you applied, the application is DUE by these dates. If you turn it in after these dates, your application will not be processed until the following quarter.

October 13th (Fall Quarter)

January 19th (Winter Quarter)

March 9th (Spring Quarter)

Personal Information

Name _____ WWU Student Number _____
LAST FIRST INITIAL

Local address _____
STREET OR P.O. BOX CITY STATE ZIP CODE

Permanent address _____
STREET OR P.O. BOX CITY STATE ZIP CODE

Birth date ___/___/___ Local telephone (____) _____ Cell Phone(____) _____

Best way to reach Phone E-mail / Day E-mail _____ @ _____

Academic major _____ Night Ethnic background (optional) _____

Gender Male Female

Year in school Freshman Sophomore Junior Senior Post-Baccalaureate

Current enrollment Full-time (10+ credits) Part-time (1-9 credits) Do you have a job? Yes No

Do you have a car? Yes No Driver's License Number / State _____ / _____

If yes, would you be willing to Carpool? Yes No

References

List two persons who you know well and who would be in a position to evaluate your qualifications and ability as a tutor or mentor. Please do not use acquaintances or relatives.

1. Name _____ Telephone _____

Address _____ Relationship _____

Occupation _____ Length of time known _____

2. Name _____ Telephone _____

Address _____ Relationship _____

Occupation _____ Length of time known _____

Publicity

To promote our organization, participants' names and photographs are occasionally used. Please initial if we have your permission to use your name and/or photograph.

Name _____ Photograph _____ None _____

Availability

Please fill in specific times you are available to volunteer, between 8:30 a.m. and 5:30 p.m.

Monday	Tuesday	Wednesday	Thursday	Friday

Preferences

Please list in order of preference those age groups you would like to work with or with which you feel you would be the most effective.

_____ Elementary (K – 5) _____ Middle (6 – 8) _____ High (9 – 12)

Check if you are interested in these: Science Club Science Classroom One-on-One

Please answer the following questions in as much depth as possible.

Keeping in mind that we will do our best to accommodate your schedule, will you be able to commit to 2 hours of your time each week and attend both a group function and a reflection meeting each quarter for a full academic year?

Yes No If no, please explain why _____

How did you hear about us? _____

What are your experiences with mentoring and/or tutoring or, if you have no experience, how do you envision your role in this program? _____

Specifically, how can this program, as opposed to other programs, fulfill your expectations of this role? _____

What experience or skills do you hope to obtain from participating in this program? _____

We operates under a strong commitment to the empowerment and achievement of students. How do you see yourself upholding this vision? _____

Please list any concerns you may have regarding your role as a volunteer. _____

Agreement

I am interested in becoming a participant. I agree to work with assigned youth and/or location for 2 hours per week when school is in session, and to attend group activities and reflection meetings. I also agree to follow the Volunteer Agreement. I give permission for the staff, as part of the screening process, to investigate my background through character references, criminal record check, driver's license check, and other criteria. I understand that, in most cases, applicants will be required to attend a personal interview and a training session before being accepted. To the best of my knowledge, the information I have provided is true and factual.

Signature _____ Date _____