

Today's Date _____

Tutoring Plus of Cambridge

Volunteer Application Form

Because the information requested is vital to the safe and effective operation of our programs, incomplete applications will not be accepted. Thank you for your cooperation.

Please note, the information you provide in the application will be kept confidential and will be used for internal tracking purposes only.

Name _____

Date of Birth: _____

Gender ____ Race (optional): _____

Country of Origin: _____

Full Mailing Address: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Full Permanent Address (if different):

E-mail Address: _____

Occupation: _____

Employer/School: _____

Past or Present Volunteer Experience: _____

Interests or Hobbies: _____

Volunteer Work Desired. Please provide your first and second choices of evenings for tutoring, if applicable. You may check multiple programs, if you are unsure.

Tutoring Programs:

Middle School Tutoring Center (6p-7p): ___ Monday ___ Wednesday ___ Thursday

High School One-on-One Tutoring (6:15p-7:30p): ___ Tuesday ___ Wednesday ___ Thursday

Enrichment Programs:

MCAS Math Preparation (5:30p-7p): ___ Tuesday

Science Explorers (5:30p-7p): ___ Tuesday

Future Engineers (5:30p-7p): ___ Thursday

Other:(i.e. administrative, fund raising event): ___ Monday ___ Tuesday ___ Wednesday ___ Thursday

Please Continue on Next Page

Languages (besides English) Spoken: _____

Written: _____ Read: _____

How did you hear about Tutoring Plus?

Are there any additional skills that you would like to contribute to Tutoring Plus?

For all tutoring programs, we require you to make a commitment of tutoring a minimum of once a week for four months (one academic semester). Are you able to make this commitment? (Yes/No) _____

Please list any concerns you have about fulfilling this commitment.

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? ___Yes ___No If Yes, please explain: _____

One way in which Tutoring Plus safeguards the organization, primarily the children and youth involved, is by performing a reference check on all potential volunteers. Please list the names and *daytime* telephone number(s) of two personal and one professional reference.

Personal reference #1 Name: _____
Daytime phone: _____ E-mail: _____

Personal reference #2 Name: _____
Daytime phone: _____ E-mail: _____

Professional reference #3 Name: _____
Daytime phone: _____ E-mail: _____

How long have you lived in the Greater Boston area? _____

This application may be returned by mail to...

Tutoring Plus of Cambridge
Attn: Volunteer Coordinator
225 Windsor Street
Cambridge, MA 02139-3606

Or By Fax:
(617) 349-6595

Please call us at (617) 349-6588 X422 or email us at info@tutoringplus.org with any questions. Our Web site, with more information about our programs, and an online volunteer application, can be viewed at www.tutoringplus.org.