



CLAREMONT AFTER-SCHOOL PROGRAMS, INC.
1111 N. Mountain Avenue, Claremont, California 91711
(909) 450-1079 www.clasp4kids.org

VOLUNTEER TUTOR REGISTRATION FORM

PERSONAL INFORMATION	
Name:	
Home Address:	
City, State, Zip Code:	
Primary Phone: Landline # _____ and/or Cell Phone # _____	
Do you prefer text messages? Yes No	
E- Mail Address:	
Date of Birth:	
Occupation:	
If Student, School Name:	Graduation Year:
Additional information: *Source of referral to volunteer with CLASP: *Do you have teaching experience or other experience working with children (not required):	

PLACEMENT INFORMATION	
Days and times available for tutoring: (Please check all that apply)	
Mondays	<input type="checkbox"/> 2:35-4:35 <input type="checkbox"/> 3:00-5:00 <input type="checkbox"/> 3:15-5:15
Tuesdays	<input type="checkbox"/> 2:35-4:35 <input type="checkbox"/> 3:00-5:00 <input type="checkbox"/> 3:15-5:15
Wednesdays	<input type="checkbox"/> 1:30-3:30 <input type="checkbox"/> 2:00-4:00 <input type="checkbox"/> 3:15-5:15
Thursdays	<input type="checkbox"/> 2:35-4:35 <input type="checkbox"/> 3:00-5:00
Preferred grade level to tutor (1st-6th grade) _____	
Will you need transportation to the program site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you provide transportation to others to the program site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ I have the results of a negative TB test (taken with the last 4 years) and will submit paperwork to CLASP.	

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Primary Phone:

Other Phone:

BACKGROUND INFORMATION

Have you ever been convicted of a crime (felony or misdemeanor) other than a traffic violation? ___ YES ___ NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of conviction

Has a civil or criminal complaint ever been filed against you that alleged misconduct or child abuse by you or your participation in or facilitation of such activities? ___ YES ___ NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of occurrence

Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any internal disciplinary action relating to allegations of any misconduct or child abuse by you? ___ YES ___ NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of occurrence

Please Read Carefully

- The information contained in this application is true and correct to the best of my knowledge.
- I understand that CLASP will conduct background checks on me, including criminal activity checks, and I consent to whatever background checks CLASP considers necessary.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.
- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false information.
- I am aware that background checks may be performed periodically.

Signature: _____

Date: _____

For Office Use:

BG By: _____

Date: _____

TB: _____

Date: _____

Please return completed registration form to CLASP Tutor Coordinator (909-450-1079)

- E-mail: **office@clasp4kids.org** – Preferably as one PDF file
- Mail: CLASP Office, 1111 N. Mountain Ave., Claremont, CA 91711