



CLAREMONT AFTER-SCHOOL PROGRAMS, INC.
 1111 N. Mountain Avenue, Claremont, California 91711
 www.clasp4kids.org

VOLUNTEER TUTOR REGISTRATION FORM

PERSONAL INFORMATION	
Name:	
Home Address:	
City, State, Zip Code:	
Primary Phone: Cell Phone #	and/or Landline #
E- Mail Address:	
Date of Birth:	
Occupation:	
If Student, School Name:	Year of Graduation:
Additional information: *Source of referral (friend/neighbor/organization) to volunteer with CLASP: Are you serving volunteer hours with CLASP to fulfill requirements for a college class or high school club/class? If yes, which class/professor?	

PLACEMENT INFORMATION	
Days and times available for tutoring: (Please check ANY/ALL that apply)	
Mondays	<input type="checkbox"/> 2:35-4:35 <input type="checkbox"/> 3:00-5:00
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 <input type="checkbox"/> 3:15-5:15
Preferred grade level to tutor (1st-6th grade) _____	
TB TEST: State law requires that all those working with children have a negative TB test. _____ I have / will have the results of a negative TB test (taken with the last 4 years) and will submit paperwork.	

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:** _____

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Please return completed registration form to CLASP Tutor Coordinator

Scan and email to: office@clasp4kids.org

Mail: CLASP Office, 1111 N. Mountain Ave., Claremont, CA 91711