

ACTION CENTERED TUTORING SERVICES

Making a Difference... one child at a time
35 Chestnut Street, Springfield, MA 01103
413-731-9810 ACTS86@gmail.com

TUTOR/MENTOR APPLICATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (ZIP Code)

Telephone: _____ Email: _____

Text to this number? [] Yes [] No

Employer _____

Address: _____
(Street) (City) (ZIP Code)

Telephone _____ Email _____

Contact Person: _____

Length of employment: _____

What were your duties and responsibilities?

Former Employer _____

Length of employment: _____

What were your duties and responsibilities?

If you are still a student, what grade are you in? _____

What is the name if the school you are attending? _____

Name of the High School from which you graduated: _____

College attending or attended if applicable: _____

Major: _____ Minor: _____

Favorite Subjects: _____

List two references who may be contacted, one of which may be your current or employer or teacher.

Name: _____

Telephone _____ Email _____

Organization: _____

Relationship to you: _____

Name: _____

Telephone _____ Email _____

Organization: _____

Relationship to you: _____

What special interest, skills, multicultural knowledge, teaching experience, hobbies, athletic experience or previous work with children do you have that would assist our mentor matching process?

Would you be willing to voluntarily use your automobile to transport students if needed? Yes No

If yes, you will need to verify that you have a license and the necessary insurance coverage.

The mission of ACTS as a non-profit, ecumenical organization is to provide a student with a caring and nurturing adult who is motivated by Godly principles. Club Time activities are often devoted to reading and discussing Bible stories, singing songs, playing games and doing other activities designed to build relationships as well as teach moral and spiritual values. Tutor/mentors are asked to support and reinforce these values within the relationship with their student.

I agree with the Mission of ACTS. _____
(Signature of the Applicant)

Do you agree to complete an application for a Criminal Records check? Yes No
Any information obtained will be kept confidential. Do you have a criminal record? Yes No

If yes, please explain: _____

I hereby apply for placement as a tutor/mentor in the ACTS program and authorize inquiries by ACTS to the references identified above. (If you are 17 years of age or younger, please submit written parental consent.)

(Signature of the Applicant) Date: _____

I am most interested in the site at _____