

**COMMUNITY CLUB NEW TUTOR REGISTRATION FORM**

**Community Club** - a mission of New York Avenue Presbyterian Church  
1313 New York Ave NW Washington DC 20005 202-393-0471 6pm-9pm Thursdays

Your legal name \_\_\_\_\_ First name you prefer to be called \_\_\_\_\_

Your Orientation Leader \_\_\_\_\_ Today's date / /

How did you find us? (Please be specific. Give names.) \_\_\_\_\_

Please list all tutors here whom you know \_\_\_\_\_

Your address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Gender \_\_\_\_\_

If you've lived here less than five years, prior address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Emergency contact (name, phone #) \_\_\_\_\_

Employer (name, complete address) \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

College/Technical School/Military \_\_\_\_\_ Major \_\_\_\_\_

Students often talk with tutors when making decisions about their college and career choices. May we share information on your occupation and alma mater with our students? \_\_\_\_\_

Are you a member of NYAPC? \_\_\_\_\_

If not, do you want to know more about NYAPC? \_\_\_\_\_

Would you like to join the tutors-only listserve for social events and other announcements? \_\_\_\_\_

If there is an emergency in which I am unable to communicate my medical needs, I give permission for Community Club to transport or arrange for my transport to the nearest available medical facility. **Please initial** \_\_\_\_\_

I agree not to hold New York Avenue Presbyterian Church or any tutors or leaders liable for any injuries, physical or psychological, which occur during Community Club activities. **Please initial** \_\_\_\_\_

I give permission for any artwork or photographs created by or of me, individually or in a group, to be exhibited as a part of club activities, including our website and printed publications. **Please initial** \_\_\_\_\_

Your Name \_\_\_\_\_

**Our children's safety is our primary concern, so we must ask the following questions. A "yes" does not automatically disqualify you. To discuss any question privately, please ask to speak to Susannah Harris.**

**An outside contractor will conduct an additional criminal background check on all new tutors attending overnight events. This information is kept confidential.**

**Please list organizations with which you volunteered during the last five years. Specify those that work with children or vulnerable adults. You may attach additional pages.**

Organization name

Organization name

Address/ Phone

Address/ Phone

Mission

Mission

Your role

Your role

Dates you volunteered

Dates you volunteered

**Please provide complete contact information for three references, for people not related to you, who have known you at least five years. \*\*Our preference is to contact your references by email.\*\***

1) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you? \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you? \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you? \_\_\_\_\_

Your Name \_\_\_\_\_

Do you have a valid driver's license?

Have you ever had your driver's license suspended/restricted? If yes, please give dates and explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, charged, indicted, or convicted of a misdemeanor or felony (include moving traffic offenses)? Include any DUI/DWI or other adult arrest diverted by a pre-trial probation program. Please give dates, jurisdictions, and explanations for each.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been subject to an allegation or disciplinary action that you violated an organization's policy on sexual misconduct? If yes, please give dates, jurisdictions and explanations for each.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been asked to leave a program for youth or children? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you used illegal drugs in the last three years?

(While not an automatic disqualification, drug use is a concern as it may affect the safety of our students. Ask for Susannah Harris to discuss this matter with you privately.)

\_\_\_\_\_  
\_\_\_\_\_

I will abide by all CC rules/policies specified in the CC handbook or conveyed by Club leaders. **Please initial** \_\_\_\_\_

I understand that all information I provide may be checked by volunteer leaders. **Please initial** \_\_\_\_\_

I agree to release from liability any person or organization that provides information about me, including those people I have listed as references. I indemnify and hold harmless New York Avenue Presbyterian Church, its employees, representatives, and agents from all claims or causes of action relating in any manner to the verification of information on this form. **Please initial** \_\_\_\_\_

I hereby waive any right I may have to inspect any information provided about me by any person or organization I have listed on this form. **Please initial** \_\_\_\_\_

By signing this form, I acknowledge that the information I have given is true, complete, and correct.

Signature \_\_\_\_\_