

COMMUNITY CLUB NEW TUTOR REGISTRATION FORM

Community Club - A mission of New York Avenue Presbyterian Church

1313 New York Ave NW Washington DC 20005

6:45 pm-8:15pm Thursdays

Your legal name _____

First name you prefer to be called _____

Today's date ___ / ___ / _____

Gender _____

Your Orientation Leader: _____

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

Please list all tutors here whom you know: _____

Home Address: _____

How long have you lived at this address? _____

If you've lived here less than five years, prior address: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Spouse/Partner Name: _____

Emergency contact (name, phone #): _____

Employer Name: _____

Employer 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 a 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 _____

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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 as to speak to Phil Telfeyan, Tom Karr or Shamika Bradley.

An additional criminal background check will be conducted on all new tutors. 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.

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.**

Name _____

Address _____

Day phone _____ Evening phone _____

Email _____

How does this person know you? _____

Name _____

Address _____

Day phone _____ Evening phone _____

Email _____

How does this person know you? _____

Name _____

Address _____

Day phone _____ Evening phone _____

Email _____

How does this person know you? _____

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.

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Name _____

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? _____

If yes, 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 give dates and 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 Tom Karr 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** _____

If requested by my student's parent or guardian, I will notify him or her when I plan to meet with my student at times other than Thursday nights at NYAPC **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 _____

Date _____