

MADISON METROPOLITAN SCHOOL DISTRICT

TUTOR APPLICATION

Please return completed forms to the appropriate site, based on age/grade preference:

Elementary School Program (K-5)

Schools of Hope
810 W. Badger Rd.
Madison, WI 53713

Middle School Program (6-8)

Urban League of Greater Madison
2222 S. Park St., Suite 200
Madison, WI 53713

General Drop Site on UW Campus (K-12)

UW-Madison School of Education
139 Education Building
1000 Bascom Mall
Madison, WI 53706

Last Name	First Name	M.I.	Date
Address (Number and Street)			
City/State/Zip			E-Mail Address
Home Phone	Work Phone		Cell Phone
Occupation <i>(if retired, provide former occupation)</i>			Employer
If Student, Institution			Year and Area of Study
<input type="checkbox"/> I am a student with a current work study award and am eligible to receive payment for tutoring.			

I am available: entire school year fall semester spring semester

I am available to start after this date: _____ I would like to volunteer about _____ hours per week.

I am available to volunteer at the following days/times:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Available transportation: ___ walk/bike ___ bus ___ car

Accessibility needs: _____

VOLUNTEER PREFERENCES

I prefer working with students in the following grade level(s): *(check all that apply)*

Kindergarten-3rd 4th-5th 6th-8th

I am comfortable using the following language(s): _____

I am comfortable working in the following skill area(s): *(check all that apply)*

___ Literacy ___ Math ___ ESL (English as a Second Language) ___ Other: _____

I prefer these location(s): *(options will depend on school needs)*

___ No preference ___ North ___ East ___ South ___ West

PERSONAL REFERENCES

Please provide the following for two people (local if possible) who have known you for at least two years and will be able to provide a character reference. You may include your employer. Please do not list relatives.

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Additional Information

My experiences working with children/youth include:

Please list any additional skills, experiences, etc. you feel may be helpful in finding a position for you:

How did you learn about this opportunity? _____

EMERGENCY CONTACT

Name Phone Number Relationship

CONFIDENTIALITY STATEMENTS

Consent to Share Confidential Information: I understand that the volunteer screening process includes both criminal background checks and reference checks. I give permission to have the results of these checks shared with placement sites considering my involvement as a volunteer.

Confidentiality Agreement: I understand that in providing my services as a volunteer with Madison Schools I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to my supervising teacher or a support staff member (social worker, psychologist, nurse).

I also agree not to initiate contact with the children with whom I work or their families outside of the school or program setting to which I have been assigned.

Signature

Date

**MADISON METROPOLITAN SCHOOL DISTRICT
VOLUNTEER DISCLOSURE STATEMENT**

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

After reading this form, if you are unsure of how to complete it, or if you would like any information clarified, please ask for assistance in Human Resources before filling it out.

The responsibility the Madison Metropolitan School District (MMSD) has to its school children and community necessitates the following information from all volunteers regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteering. **Failure to complete this form accurately and completely will disqualify a volunteer from consideration for volunteering or will be cause for removal from volunteer assignments.**

“Arrest record” includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for a felony or misdemeanor, or other offense, pursuant to any law enforcement or military authority.

“Conviction record” includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor, or other offense, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or paroled pursuant to any law enforcement or military authority regardless of whether an appeal is pending or could be taken. **Expungement of a conviction record does not eliminate the requirement to disclose the conviction.**

Often a plea of “No Contest” results in a conviction and finding of guilt. Keep in mind that participation in a deferred prosecution program (such as First Offenders) does not necessarily mean your record is clear. As stated above, failure to complete this form accurately and completely will mean disqualification from consideration for volunteering or constitute cause for removal from volunteer assignments.

If you do not remember all of your arrests and/or convictions, or you are not sure of all of your arrests and/or convictions, or if you simply need help to fully disclose to the District your arrest and/or conviction record(s), please contact the District's Employment Unit for assistance.

To ensure prompt processing, please complete and return this form to the person who provided it to you **within three work days** so that it may be forwarded to the Department of Human Resources.

AUTHORIZATION

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Madison Metropolitan School District (MMSD). I understand that I may not begin volunteering until the background investigation has been completed.

I certify that the answers given by me in this disclosure statement are complete, true, and correct without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or omission from or on this disclosure form, or any other document, will be used to deny me volunteer work, or if currently volunteering, used to terminate my volunteering for MMSD.

I understand that the District shall not be held liable in any respect if my volunteering is terminated because of false or incomplete statements, answers or omissions made by me on the disclosure form or any other document. In consideration of the school district's review of the document, I hereby release the District, its Board, and its agents, as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Name (please print)

Signature

Date

Location: _____

Supervisor: _____ Supervisor's Email Address: _____

DISCLOSURE STATEMENT

Name: _____
Last First Middle

Address: _____
Street City State Zip

of Years at This Residence: _____ Phone Number: _____

List **all** other names used: _____

Dates of Usage: _____

If you have not resided in WI for the past five years, list all addresses for this period: _____

Date of Birth: _____ / _____ / _____
month day year

Gender: Male Female

Ethnicity (check one):

- African American/Black Asian/Pacific Islander Hispanic Native American White

Have you ever been convicted of any felonies or misdemeanors? **Remember to disclose all convictions for felonies or misdemeanors including those for which the records have been expunged.**

- Yes No

Do you presently have any pending charges at a felony or misdemeanor level?

- Yes No

(If yes to any of the above, please fill in the information below. If you have more than three convictions or pending charges or need additional space, use a separate sheet.)

LIST CONVICTIONS AND PENDING CHARGES

1. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
2. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
3. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	