

# MADISON METROPOLITAN SCHOOL DISTRICT

## TUTOR APPLICATION

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

**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-3<sup>rd</sup>       4<sup>th</sup>-5<sup>th</sup>       6<sup>th</sup>-8<sup>th</sup>

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:

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

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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