

Volunteer Academic Tutor Application

Please print clearly and fill out completely.

Name *(first, last)*

Home Address _____ Apt #

City _____ State _____ Zip _____

Phone Numbers _____ / _____ /

Home

Cell

Work

DL# _____

First Aid/CPR Certification? () Yes () No

Certification Date _____ Expiration Date

Email address

() Male () Female Date of Birth ____/____/____ T-Shirt size ____ Pants size

Employer _____ Position

Work Address

City _____ State _____ Zip

Why are you interested in volunteering with the L. A. City Wildcats Youth Academy?

How did you hear about LACWYA?

- () Friends/Family () Website () At an event () Newsletter () Banner
 () Other _____

I would like to provide tutoring in the following subject(s):

- () English () Math () Spanish () Science

Are you a credentialed teacher in your chosen subject area(s): () Yes () No

Please list any tutoring experience you may have.

Have you volunteered with other organizations? () Yes () No If yes, please answer the following:

Organization Name:

Describe Volunteer Service:

Organization Name:

Describe Volunteer Service:

Do you have any hobbies or special talents?

Please list 3 references:

Name

Relationship

Time Known

Phone Number

_____	_____	_____	_____
Name	Relationship	Time Known	Phone Number
_____	_____	_____	_____
Name	Relationship	Time Known	Phone Number

Have you ever been charged with or convicted of the following: (please check yes or no)

- a) Felony? () Yes () No
- b) Any crime involving a sexual offense, an assault, or the use of a weapon? () Yes () No
- c) Any crime involving the use, possession, or the furnishing of drugs? () Yes () No
- d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
() Yes () No

If you answered Yes to any of the above four items, please explain.

L. A. City Wildcats Youth Academy has my permission to:

(Please check below)

YOUTH ACADEMY

Run a background check on me. () Yes () No

Please provide your social security number:

Run a motor vehicle records check on me if I decide to transport participants. () Yes () No

Verify the 3 references I have provided. () Yes () No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer with the L.

A. City Wildcats Youth Academy.

Signature

Date

Release for Publication

During the course of your participation with the L. A. City Wildcats Youth Academy (LACWYA), there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media, and others. We request permission for your participation. By initialing below, you may choose to grant or deny LACWYA permission to use photographs or videotape of yourself (alone or in groups) in newspaper articles, newsletters, website, online, brochures, special fundraising activities, scrapbook, videos, and photo albums for use in public understanding and support of the LACWYA.

By granting permission below, you hereby release and hold harmless LACWYA from any claims, judgments, or demands that may arise from the use of the above referenced photographs and/or videotapes.

Please initial below:

_____ "YES, I give my permission to be photographed and/or videotaped for publication.

_____ "NO, I deny consent to be photographed and/or videotaped for publication.