



Aurora Youth Options  
[aurorayouthoptions.org](http://aurorayouthoptions.org)

**Volunteer Application for  
Homework Help**

## Volunteer Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home/other #: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact #1**

Name: \_\_\_\_\_

Relationship to: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home/other #: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact #2**

Name: \_\_\_\_\_

Relationship to: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home/other #: \_\_\_\_\_

Email: \_\_\_\_\_

### Homework Volunteer Position Description

Position Title: Homework Help Volunteer	Supervisor: Kylie Monson
Team: Aurora Youth Options	Date Revised: July 2019

Volunteers will be able to fulfill the following commitments:

1. Help students with their homework.
2. Communicate with the HH Supervisor regarding schedule.
3. Commit to volunteering for the duration of the school year.
4. Complete and pass entire background check, if over the age of 18. Complete and pass partial background check if 17 and under (CDHS not needed). Peer volunteers must have permission from parents.
5. Respect the confidential nature of all information pertaining to youth, families, staff and volunteers. Complete HIPAA training before working with youth.
6. Assist youth in building socialization, communication skills, and self-esteem. Demonstrate confidence and ability to work one-on-one with youth serving as a role model or a peer leader.
7. Be adaptable and ready to adjust to the needs of the youth.
8. Work cooperatively with youth, program staff and community volunteers in providing youth help with homework.
9. Demonstrate sensitivity to racial, ethnic and social diversity of individuals and family structures.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

If under the age of 18, your parent must sign stating they believe you could perform these responsibilities.

\_\_\_\_\_  
Parent/Guardian Signature (If under 18 years of age.)

\_\_\_\_\_  
Date

Aurora Mental Health and Aurora Youth Options do not discriminate against any volunteer or volunteer application on the basis of race, color, national origin (ancestry), gender, sexual orientation or expression, religion (creed), political affiliation citizenship status, ages 40 and over, size, genetic information, marital status or military status or any other status protected by state or local law.

## Homework Help Volunteer Information

I can volunteer at the following locations:

**Homework Help location:**

- Wednesday 4:00-6:00pm  
Aurora Youth Options, located at 11059 E. Bethany Drive, Aurora, CO 80014

Please list the subjects that you would be able to help a youth in as well as the range of grade levels (ex: Math= grades 6<sup>th</sup>-8<sup>th</sup> grade, History= grades 6<sup>th</sup>-12<sup>th</sup>).

Subject	Grade Level
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have any questions, please contact: Kylie Monson, Aurora Youth Options Homework Help Supervisor, at [kyliemonson@aumhc.org](mailto:kyliemonson@aumhc.org) 303-923-6833

Aurora Youth Options  
Aurorayouthoptions.org  
11059 E. Bethany Drive  
Aurora, CO 80014



Address: 11059 E. Bethany Drive • Suite 106 • Aurora, Colorado 80014 • 303-617-2660 • Fax 303-617-2669

**Media Release Form**

I \_\_\_\_\_ hereby consent to authorize the use of video footage, still photographs, artwork and any published stories about me by Aurora Mental Health Center for purposes (including but not limited to), promotional material, TV shows, the Web site, social media, advertisements, periodicals and outside media and national broadcasts, sales or other uses deemed suitable by Aurora Mental Health Center.

Signature of Adult Subject:

\_\_\_\_\_

Agency Representative/Witness:

\_\_\_\_\_

Date: \_\_\_\_\_

## References and Other Information

**References:** List four people who can serve as a reference for you. Only one can be related to you.

Reference 1: Name and relationship: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 2: Name and relationship: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 3: Name and relationship: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 4: Name and relationship: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_

**Do you have children?**  Yes  No

Son(s)                  Age(s)                  Daughter(s)                  Age(s)

**How did you find out about AYO Homework Help Program?**

Aurora Mental Health Center                   AYO Website                   Facebook.com

Craigslist.com                   Flyer, where: \_\_\_\_\_

Word of Mouth, who: \_\_\_\_\_  Church, name: \_\_\_\_\_

Other \_\_\_\_\_

Aurora Mental Health Center and Aurora Youth Options reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality, Aurora Mental Health Center and Aurora Youth Options will not share this information or reasons of denial with any applicant. By signing this application I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to contact the references provided and to complete a background check.