



Aurora Youth Options
aurorayouthoptions.org

**Tutor Application for
Homework Help and Tutoring**

Tutor Contact Information

Tutor

Name: _____

Address: _____

Date of Birth: _____

Cell #: _____

Home/other #: _____

Email: _____

Emergency Contact #1

Name: _____

Relationship to tutor: _____

Address: _____

Cell #: _____

Home/other #: _____

Email: _____

Emergency Contact #2

Name: _____

Relationship to tutor: _____

Address: _____

Cell #: _____

Home/other #: _____

Email: _____

Volunteer Tutor Position Description

Position Title: Volunteer Tutor	Supervisor: Tamika Greenwood, HHT Coordinator
Team: Aurora Youth Options	Date Revised: August 2017

Essential Functions:

Be able to fulfill the following commitments:

1. Help students with their homework or tutor them in a specific subject.
2. Communicate with the HHT Site Supervisor regarding tutoring 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 tutors must have permission from parents.
5. Respect the confidential nature of all information pertaining to youth, families, staff and volunteers. Complete HIPAA training in learning lab or online, before working with youth.
6. Assist teens in building socialization and 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 student.
8. Work cooperatively with youth, program staff and community volunteers in providing youth homework help and tutor programming.
9. Attend tutoring orientation and support activities.
10. Demonstrate sensitivity to race, ethnic and social diversity of individuals and family structures.

Tutor 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

AYO Tutor Information

I can volunteer at the following locations:

Tutoring location:

- Wednesday 4:00-6:00pm
Aurora Youth Options, located in the Hoffman Youth Services Building
1298 Peoria St., Aurora CO 80011

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

Subject	Grade Level
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**If you have any questions, please contact: Tamika Greenwood, Aurora Youth Options
Coordinator tamikagreenwood@aumhc.org 303-923-6311**

**Aurora Youth Options
303-617-2660
Aurorayouthoptions.org
1298 Peoria St.
Aurora CO 80011**



Physical Address: 1298 Peoria St., Aurora CO 80011 • Mailing 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 three people who can serve as a character reference for you. Only one can be related to you.

Reference 1:

Name: _____

Relationship: _____

Email: _____

City: _____ State: _____ Phone: _____

Reference 2:

Name: _____

Relationship: _____

Email: _____

City: _____ State: _____ Phone: _____

Reference 3:

Name: _____

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 Tutoring 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.

