



Aurora Youth Options  
[aurorayouthoptions.org](http://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: Natalie Kaiser, AYO Coordinator
Team: Aurora Youth Options	Date Revised: February 2016

### 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. 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.
4. 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.
5. 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.
6. Be adaptable and ready to adjust to the needs of the student.
7. Work cooperatively with youth, program staff and community volunteers in providing youth homework help and tutor programming.
8. Attend tutoring orientation and support activities.
9. 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 6<sup>th</sup>-8<sup>th</sup> grade, History= grades 6<sup>th</sup>-12<sup>th</sup>).

Subject	Grade Level

How did you hear about Aurora Youth Options?

Why are you interested in becoming a tutor?

Have you volunteered with youth in the past?

**If you have any questions, please contact: Natalie Kaiser, Aurora Youth Options  
Coordinator [nataliekaiser@aumhc.org](mailto:nataliekaiser@aumhc.org) 303-617-2613**

**Or  
Elise Zakroff, HHT Site Supervisor  
[elisezakroff@aumhc.org](mailto:elisezakroff@aumhc.org)  
303-617-2764.**

**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.

