



Aurora Youth Options
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: August 2018

Volunteers will be able to fulfill the following commitments:

1. Help students with their homework.
2. Communicate with the HH Site 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 in learning lab or online, before working with youth.
6. Assist youth 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 youth.
8. Work cooperatively with youth, program staff and community volunteers in providing youth help with homework.
9. Demonstrate sensitivity to race, 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 in the Hoffman Youth Services Building
1298 Peoria St., Aurora CO 80011

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 6th-8th grade, History= grades 6th-12th).

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

If you have any questions, please contact: Kylie Monson, Aurora Youth Options
Coordinator kyliemonson@aumhc.org 303-739-1574

Aurora Youth Options
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 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.