



TUTOR APPLICATION FORM – 2018/2019



(Office use)

****Please note, references will be provided only after completion of a 3 month probation period. References will be provided up to a maximum of 3 years after leaving the program. ****

PERSONAL INFORMATION:

First Name: _____ Last Name: _____
 Address: _____ Apt. # _____ City: _____
 Postal Code: _____ Cellphone: _____ Home phone: _____
 E-mail: _____ Languages spoken: _____ / _____
OPTIONAL: Are you a descendant of a Portuguese-speaking OR Spanish-speaking country? Yes No
 Gender: Male Female Date of birth (yyyy/mm/dd): _____
 Age Range: under 16 16 – 29 30 – 55 55 plus CPR Certified: Yes No
 Experience with: ESL Students Students w/IEP Students w/Learning Disability Students w/ Developmental Disability

BACKGROUND INFORMATION:

How did you hear about the *On Your Mark* Academic Support Program? _____
 Educational Background: _____
 Present Occupation: _____
 Why do you want to be a tutor? _____

 Why did you choose to volunteer with this particular support program? _____

 What are your hobbies and interests? _____
 What previous experience have you had working with children and/or youth? _____

Please check ALL grade levels you can tutor: 1-2 3-4 5-6 7-8 9-10 11-12
 Do you have a specific preference for which grade level you prefer to tutor? _____
Please check ALL SUBJECT areas you can tutor for the grade levels checked above:
 Reading Writing Math Science French Basic French Immersion
 Is there a particular subject you have strength in/prefer to tutor? _____
 Are you able to tutor for the entire length of the program (to end of May)? _____
 Will you be able to attend your support sessions regularly and on time (minimum once a week)? _____
 How you will be commuting to your support session: Car TTC Other kind of transportation
 Would you be interested in volunteering for a 2nd school year, starting again in October?
 Yes No Maybe
 Have you ever been convicted of a crime? (If yes, please explain.) _____

 When working with children/youth it is compulsory to do a police check. Would you have any objections to undergoing a police check? YES NO

Scheduling and Availability:

Days available to work with a student (please check all available times):
 Monday Tuesday Wednesday Thursday Friday Saturday
 AFTERSCHOOL HOURS - 3:30-5:00pm OR 4:00-5:30pm / SATURDAY HOURS 9:45am-12:00pm

Support Session Locations: Please select ✓ schools you can commute to: **PLEASE SELECT A MINIMUM OF 3 LOCATIONS.**
 Coordinator will do their best to match at one of your chosen locations, it will be determined based on student/day/location availability. Please note locations are subject to change. **

AFTERSCHOOL LOCATIONS

- Alexander Muir/Gladstone Ave. JR & SR. Public School (Gr. 1 – 8) (3:30-5:00pm)**
108 Gladstone Ave (Dufferin & Dundas)
- Rawlinson Community School (3:20-5:00pm OR 4:00-5:30pm)**
(School Open to Students Gr. 1 - 12)
231 Glenholme Ave (St. Clair Ave. W & Oakwood Ave.)
- St. Sebastian Catholic School**
(School Open to Students Gr. 1 – 12) (3:30-5:00pm OR 4:00-5:30pm)
717 Brock Avenue (Dufferin & Wallace)
- St. Nicholas of Bari Catholic School (Gr. 1 – 8) (3:30-5:00pm)**
363 Rogers Road (Caledonia & Rogers Road)
- Regal Road Junior Public School (Gr. 1-6) (3:30-5:00pm OR 4:00-5:30pm)**
95 Regal Road (Dufferin & Davenport)
- Santa Maria Catholic School**
(School Open to Student Gr. 1-8) (3:30-5:00pm)
25 Avon Ave (Weston Rd. and Rogers Rd.)
- SATURDAY LOCATION**
Bloor CI Secondary School (9:45am to 12:00pm)
(Open to Students Gr. 1 - 12)
1141 Bloor St. W (Dufferin & Bloor)

Other Information:

Please provide two references: (we ask that references not be family members)

Reference # 1

Name: _____ Relationship to you: _____

Phone No.: _____ **OR** Email: _____

Reference # 2

Name: _____ Relationship to you: _____

Phone No.: _____ **OR** Email: _____

As an *On Your Mark* Volunteer Tutor, I will:

- ✓ Meet with my student(s) on a weekly basis, on time, for the full school year.
- ✓ Inform one of the Program Coordinators if I am not able to attend a support session within a timely manner.
- ✓ Communicate (when possible) with my students parents on a weekly basis before and/or after the support session.

Signature

Date