

**I am interested in:**

**Elementary**

**Middle School**

**Whiz Kids**  
Tutoring



5500 E. Yale Ave. Suite 101  
Denver, CO 80222  
Phone: 303/504-9449  
Fax: 303-756-7092  
www.whizkidstutoring.com

**Office Use Only**

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

**CBI:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Mission Statement**

Whiz Kids Tutoring pairs caring adults with children who struggle academically and socially.  
Our commitment is to tutor and mentor in the Spirit of Christ.

**Volunteer Application**

We appreciate your interest in becoming a volunteer with Whiz Kids Tutoring. This application needs to be completed and your background check cleared before any interaction with children can begin.  
The information in this application will be kept confidential.

**Volunteer Position** (Please circle appropriate): Tutor Sub. Coordinator Club Leader Other \_\_\_\_\_

**Preference for Tutoring** (Please circle all appropriate): **Afternoon** **Evening** **Day: M T W TR**

**Special Request** (site choice, placed with friend, family, near work, etc) \_\_\_\_\_

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Gender: M or F

How long have you lived in Colorado? \_\_\_\_\_

If less than two years please state previous address: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Marital Status \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ At what level? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Church \_\_\_\_\_

How did you hear about Whiz Kids? \_\_\_\_\_

## Emergency Contact Information:

Name	Relationship	Phone Number

**For your safety and the protection of the kids we serve, do you agree to have us check your name through Federal or State criminal records? (Please Circle)    Yes    No**

Please list two personal references, who are not related to you and who are not previous employers:

1.			
	Name	Phone Number	How long have you known this person?
2.			
	Name	Phone Number	How long have you known this person?

**By agreeing to become a volunteer with Whiz Kids, you are asked to agree to the following guidelines:**

1. You are asked to be able to make at least a one school year commitment (approximately 24 sessions).
2. To read and utilize the resources contained in your Tutor Manual, and attend the tutor training at the Whiz Kids office or your site.
3. To be dedicated and dependable in maintaining a weekly tutoring relationship with your student at your site.
4. To understand that Whiz Kids Tutoring is a faith-based program, and materials presented during the "Club Time" will reflect this foundation.
5. Whiz Kids may use your photograph and/or video material in its promotional materials.
6. I understand that any activity with my Whiz Kids student outside of the regular tutoring time is my own responsibility and is not under the jurisdiction of the Whiz Kids Tutoring Program. I also understand that Whiz Kids recommends I follow all procedures such as 1) obtain a parental permission slip signed for each occasion and 2) always go with another adult.

## APPLICANT'S STATEMENT:

The information in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for working with urban youth. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith without malice. I authorize Denver Public Schools and Whiz Kids Tutoring to conduct inquiries with appropriate Colorado agencies and references to confirm my eligibility to participate as a volunteer.

I understand that the Whiz Kids Tutoring program operates in areas with statistically higher crime rates and I accept the risk inherent in working in these areas.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 Yrs. of age, Parent or Guardian's Signature Required)





**NOTIFICATION and AUTHORIZATION  
FOR A COLORADO BUREAU OF INVESTIGATION CHECK**

**The purpose of this form is to notify you that Whiz Kids Tutoring may obtain a consumer (criminal history) report on you in the course of your consideration for volunteer service with Whiz Kids Tutoring.**

Please Print or Type

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (mm-dd-yy) \_\_\_\_\_

Name of school district in which you reside, (the Colorado Department of Education requires this information.) \_\_\_\_\_

I authorize Whiz Kids Tutoring to obtain a consumer (criminal history) report on me. I understand that this consumer report may contain negative information about my background. This authorization, in original or copy form shall be valid for this and any future consumer report that may be requested by Whiz Kids Tutoring.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date