



CLAREMONT AFTER-SCHOOL PROGRAMS, INC.
1111 N. Mountain Avenue, Claremont, California 91711
www.clasp4kids.org

VOLUNTEER TUTOR REGISTRATION FORM

PERSONAL INFORMATION - please print clearly

Name:

Home Address:

City, State, Zip Code:

Primary Phone: Cell Phone #

and/or Landline #

E- Mail Address:

Date of Birth:

Occupation:

If Student, School Name:

Year of Graduation:

Additional information:

Are you serving volunteer hours with CLASP to fulfill requirements for a college class? If yes, which class and professor?

PLACEMENT INFORMATION

Please circle all the days/times you are available. Our Tutor Coordinator will contact you once your application is submitted.

Monday

Tuesday

Wednesday

Thursday

2:45 to 4:30

2:45 to 4:30

1:15 to 3:00

2:45 to 4:30

or 4:00 to 5:30

or 4:00 to 5:30

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Primary Phone:

Other Phone:

BACKGROUND INFORMATION

Have you ever been convicted of a crime (felony or misdemeanor) other than a traffic violation? YES NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of conviction

Has a civil or criminal complaint ever been filed against you that alleged misconduct or child abuse by you or your participation in or facilitation of such activities? YES NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of occurrence

Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any internal disciplinary action relating to allegations of any misconduct or child abuse by you? YES NO

If **YES**, please attach a separate sheet of paper explaining the nature, date, and place of occurrence

Please Read Carefully

- The information contained in this application is true and correct to the best of my knowledge.
- I agree to be fingerprinted so that appropriate background checks can be performed. This is not required for high school or college students.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.
- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false information.
- I understand that I need to have a negative TB Test (taken within the last 4 years) and will provide the results to CLASP.

Signature: _____ Date: _____

Please return completed registration form to CLASP Tutor Coordinator

Email or Text to: tutorcoordinator@clasp4kids.org

(909) 450-1079