



**CLAREMONT AFTER-SCHOOL PROGRAMS, INC.**  
1111 N. Mountain Avenue, Claremont, California 91711  
[www.clasp4kids.org](http://www.clasp4kids.org)

## VOLUNTEER TUTOR REGISTRATION FORM

Please complete fillable form and email to [office@clasp4kids.org](mailto:office@clasp4kids.org)

Or mail to CLASP at the address above.

PERSONAL INFORMATION	
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?	

PERSON TO CONTACT in case of EMERGENCY	
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 understand that CLASP will conduct background checks on me, including criminal activity checks, and I consent to whatever background checks CLASP considers necessary.
- 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 am aware that background checks may be performed periodically.

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

Please return completed registration form to CLASP Tutor Coordinator  
Complete this fillable form or scan this form and email it to: **office@clasp4kids.org**