



Rebecca's Garden of Hope Tutor Application

(*Application applies to in-house and online tutoring sessions)

Local Venue Address: Our Savior Lutheran Church 1750 Bruton Blvd.

Orlando, FL 32805 (*If this is not your tutoring venue address, please fill in the correct address.)

Date: _____

Name: _____ Gender Male Female
First Middle Last

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Name of employer _____

Work phone _____ Occupation _____

E-mail address _____

General Questions:

Briefly describe why you wish to become a tutor/mentor.

Do you have previous experience volunteering or working with children? Please specify.

What qualities or skills do you feel you have that would benefit the children in our program?

What days of the week are you available to mentor? (check all that apply):

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__

What is the best time for you to mentor? (check all that apply):

Mornings____ Afternoons____ Evenings ____ Weekends ____

Educational Background (mark one):

Some high school _____ Graduate/professional school _____

High school graduate _____ Technical school _____

Some college _____ College graduate _____

Other (please specify) _____

List any additional languages that you speak. Please specify level of fluency.

Background Screening

Have you been convicted of any felony or misdemeanor?

Yes No

Do you currently have criminal charges pending against you?

Yes No

If the answer is YES to either or both questions, please explain (below):

Driver Information:

Do you have access to reliable transportation? Yes No

Have you had any accidents during the past three years? Yes No

Have you had any moving violations during the past three years? Yes No

Driver's License Number (***Needed for background check**) _____

State of Issue _____ Expiration Date _____

SS# (***Needed for background check**) _____ (***This information must be included to conduct a national criminal and sex offender background check and will be held in the strictest confidence.**)

(***Birthday needed for background check**) Birthday: Month _____ Day _____ Year _____

References

Please list three (3) references who you have known for at least one (1) year. Please provide complete addresses and phone numbers. References will be contacted by phone or by mail. The information furnished to us by your references will remain strictly confidential. Relatives or family members cannot be used as references.

Reference #1

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

Reference #2

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

Reference #3

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

BACKGROUND CHECK AGREEMENT

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent tutor/mentor application forms, is grounds for dismissal from the program and any necessary legal actions that stem from such misinformation. I also agree to **submit to a background** check on behalf of our tutoring program to ensure I am legally able to work with children.

Finally, by signing this form I agree to support the efforts of the mentoring program at Our Savior Lutheran Church, 1750 Bruton, Blvd. Orlando, FL 32805. This application includes in person or online sessions, and I agree to join 15 minutes prior to the designated start time of 5:30pm on Wednesday to get organized for the tutoring session, that day. Every effort is made to protect the safety of students, tutors, and other support staff so all online sessions will be recorded. Tutors agree to hold harmless Our Savior Lutheran, Rebecca's Garden of Hope and all support staff affiliated with both organizations regarding any issues related to recorded videos or incidents before, during and after tutoring sessions. Recordings will be reviewed by staff and only shared when deemed necessary by the staff or BOD or when legally required.

I also agree that if I am unable to attend a tutoring session, I will call the "Tutor Coordinator", Alicia Ellis (312-898-2454), Pastor Schaefer (717-515-3099) or Sanya Parson (407-256-4393) as quickly as possible. It would be helpful if it could be at least (1) week before or at the latest, 1 day prior to the scheduled session to let one of the staff know I will not be in attendance. I also agree that if I attend any in-person tutoring sessions during the COVID-19 pandemic, I assume all responsibility for any health-related issues, medical bills or other problems arising from the virus or other unforeseen circumstances and I hold harmless Our Savior Lutheran, Rebecca's Garden of Hope and all staff affiliated with both organizations surrounding and related to any COVID-19 related issues.

Signature of applicant: _____ Date _____

Print name: _____ Date: _____

Signature of witness: _____ Date: _____

Print name: _____ Date: _____

**RGOH and staff reserve the right to dismiss or suspend a tutor at any time if it is determined they can no longer meet the specified tutor requirements or responsibilities.*

Tutor Picture Permission Form

Dear Tutor,

Please fill out and sign this Photo Permission Form to either give or decline permission to use your picture/s from the tutoring and mentoring ministry at Our Savior Lutheran Church, 1750 Bruton Blvd., Orlando, FL 32805 and Rebecca's Garden of Hope, Inc., and their representatives, ***(If this is not the correct address for your tutoring venue erase and type in the correct information.)***

I grant permission to use my pictures associated with the tutoring/mentoring program.

I _____ (please print your name) grant permission

to Our Savior Lutheran and Rebecca's Garden of Hope, Inc. to publish my pictures. The agreement will be valid on an annual basis unless at the end of the year the person notifies the organization in writing that they no longer wish to have their picture used in any designated publications, web, or media related marketing material.

I give to Rebecca's Garden of hope, Inc. and Our Savior Lutheran Church located at 1750 Bruton Blvd., Orlando, FL 32805 the perpetual royalty free right to use these photos in calendars, websites, and other forms of publication for the purpose supporting the efforts of the tutoring and mentoring program affiliated with Rebecca's Garden of Hope. This nonprofit relies on the generous donations of others to sustain the ministry and pictures are used to continue our fundraising efforts, as we share our message. I understand that no full names or personal information will be attached to the photos.

I further state that I have the right to grant this permission and in granting this permission I also understand that Our Savior Lutheran, Rebecca's Garden of Hope, and all affiliates will be held harmless against any claims that may originate in conjunction with the use of said pictures.

*Signature: _____ Date: _____
(Tutor)

Name Printed: _____

Address: _____

Tel. No.: _____

Witness Signature: _____ Witness Print: _____

I **REFUSE** permission to use my photo.

*Signature: _____ Date: _____

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Rebecca's Garden of Hope (RGOH) Tutor /Support Staff Assessment Questionnaire

Thank you for being a blessing to Our Savior Lutheran Church and include Our Savior's Tutoring Program and *Rebecca's Garden of Hope, Inc.* by volunteering your time, effort and or academic expertise to assist our children. To provide our youth with the most productive learning environment we would like to find out a little more about you as a potential tutor or support staff person. Please record your name below.

Name _____

- 1) Have you ever worked with children before? If so, what was your previous experience and their ages?
- 2) The following subjects are targets for our students: Math, Reading, Spelling and Writing for 1st-11th grade. Please specify your preferred subject, and age group. Which subject, including any that are not listed above, would you consider yourself an expert? _____
- 3) Do you believe in children being punished? If so, why, and what methods?
- 4) Do you have any children of your own? If so, what ages?
- 5) In your opinion, what is the most vital thing you can teach a child?
- 6) If you had to give an opinion, what is your patience level in stressful situations? (0 – being not stressed; 10 – being extremely stressed or irritated) How would you rate your stress level?
- 7) How easy is it for you to multitask? Would you prefer to focus on one task only or several tasks at one time?
- 8) Do you have any special skills you would like to share with the youth during the tutoring program? (Examples: photography, sewing, karate, art, singing, Computers/Electronics/Video Games, others, etc.)
- 9) Would you like to tutor only or assist with serving food and helping with youth Bible Study?
- 10) If you have tutored before, please share successful ideas from other tutoring programs?
- 11) Please save the application and follow the instructions on the link below to place the application into the secured dropbox.

Please click the link below to upload your application
[Tutor Application](#)

**Please let us know if you have any questions or concerns and thank you for your interest in supporting our tutoring efforts.*