



TUTOR APPLICATION

The information on this application is requested so that we can contact you regarding volunteer opportunities, match your skills, aptitudes, and interests to program needs, and determine your availability. This information will be available to staff who request volunteers.

PLEASE NOTE: this is a fillable PDF form. It must be filled out on a computer and submitted via email. When saving the form, please SAVE AS to your computer, and attach as a PDF to the email.

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(Please indicate preferred number)

E-Mail Address: _____ Are you at least 18? YES NO

Choose One: Male Female

How did you hear about our program? _____

At which home would you prefer to tutor?

- West Loop Boys' Campus
1140 W Jackson Blvd.
Chicago, IL 60607
- Walsh Girls' Campus
11600 S Longwood Dr.
Chicago, IL 60643

CURRENT EMPLOYMENT

EMPLOYER	ADDRESS	SUPERVISOR	PHONE NUMBER

VOLUNTEER HISTORY

AGENCY NAME	FROM-TO	SUPERVISOR	PHONE NUMBER

Have you ever been employed by or volunteered for a program or department of Mercy Home for Boys & Girls?
 YES NO

EDUCATION

Choose Highest Level Completed	Elementary			High School				College				Post-Graduate			
	6	7	8	9	10	11	12	1	2	3	4	1	2	3	+

Degrees: _____

DID YOU KNOW YOU COULD DOUBLE THE IMPACT YOU HAVE ON MERCY HOME'S KIDS?

Many companies honor their employees' volunteer commitment by matching hours with dollars. To find out how to have your volunteer hours matched, please consider contacting your Human Resources department.



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Personal Strengths: _____

What days are you available to volunteer? Please check all that apply:

Monday Tuesday Wednesday Thursday

What times are you available to volunteer? Please check all that apply:

6pm to 7pm (both campuses) 6:30pm to 7:30pm (West Loop Boys Campus only) 7pm to 8pm (Walsh Girls Campus only)

Length of service you anticipate: _____

Why are you interested in being a tutor for Mercy Home for Boys & Girls?

ACADEMIC SKILLS

Considering your academic skill level, which age group would you prefer to work with? Please check all that apply

Junior High High School College

In what subject areas are you capable of tutoring a youth? (please check all that apply)

English/Literature Spelling Algebra Biology Physics
 History/Social Sciences Basic Math Geometry Chemistry Religion

Are you competent in any languages other than English? (please specify) YES NO

Do you have any experience working with youth with learning disabilities or ADHD? (please specify) YES NO

Have you engaged in any unlawful actions which have led to convictions of any kind? YES NO

NOTE: IF YOU HAVE A POLICE RECORD OF ANY KIND, IT IS NECESSARY TO INDICATE THIS AND DISCUSS THE CIRCUMSTANCES WITH MERCY HOME PRIOR TO RECEIVING AUTHORIZATION TO WORK WITH CHILDREN. ALL TUTORS WILL UNDERGO A CRIMINAL BACKGROUND INVESTIGATION WHEN THEY START AS A TUTOR.

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REFERENCES

Please list all three references (work/professional or personal). Addresses *must be* complete. PLEASE PRINT

Name: Mr./Ms./Dr _____ Relationship: _____

Phone: _____ Email: _____

Name: Mr./Ms./Dr _____ Relationship: _____

Phone: _____ Email: _____

Name: Mr./Ms./Dr _____ Relationship: _____

Phone: _____ Email: _____

PLEASE READ CAREFULLY AND SIGN BELOW:

The above information is true. I understand that providing false information is sufficient basis for the Mercy Home for Boys & Girls to reject this application. I further understand that a background review may be done to confirm any of the information given in this application. I give permission to Mercy Home for Boys & Girls to search for this information.

Mercy Home reserves the right to reject a candidate for any reason which the Agency, in its sole judgment, determines may either affect the best interest of a youth or the Agency. Furthermore, Mercy Home for Boys & Girls reserves the right to withhold the reason(s) for such refusal.

Volunteer Signature (please type name)

Date

On a quarterly basis, Mercy Home would like to communicate with you via e-mail to notify you of information and events at Mercy Home. If you would prefer NOT to receive this information, please check this box.

PLEASE RETURN THIS APPLICATION VIA EMAIL TO:

Amanda Fordon
Mercy Home for Boys & Girls
amafor@mercyhome.org

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CONSENT FOR CRIMINAL BACKGROUND CHECK

The Applicant understands that Mercy Home for Boys & Girls intends to submit information contained in this application to the State of Illinois Department of Children & Family Services, and/or any other appropriate municipal, county, state or federal law enforcement officials (herein collectively referred to as "Law Enforcement Officials") to determine whether there are any records of criminal matters pertaining to the Applicant. The Applicant authorizes Mercy Home to periodically conduct additional checks throughout volunteer service. The Applicant hereby consents to the criminal background investigation, and agrees to cooperate with Mercy Home for Boys & Girls including providing any additional information that the Agency may request.

The Applicant hereby authorizes Mercy Home for Boys & Girls to deliver to any Law Enforcement Officials any information in its possession pertaining to the Applicant whether received from the Applicant or otherwise, and the Applicant authorizes all Law Enforcement Officials to deliver to Mercy Home for Boys & Girls any information or copies of records in the possession of any Law Enforcement Officials.

The Applicant further agrees that Mercy Home for Boys & Girls shall have the right to consider any and all information received from any such Law Enforcement Officials, and to determine in its sole discretion, Applicant's qualification to be a volunteer. Mercy Home for Boys & Girls reserves the rights, in its sole discretion, to request at any time, from the Applicant, or Law Enforcement Officials further information pertaining to criminal matters relating to the Applicant. If the Applicant becomes a volunteer, Mercy Home for Boys & Girls reserves the right, in its sole discretion, to terminate the Applicant's services or employment for any reason.

Print Name

Address

Apt. #

City

State

Zip

Home Phone

Cell Phone

_____/_____/_____
Date of Birth

Social Security Number

Signature of Applicant (please type name)

Date