



Academic Tutor Volunteer Application

The ARK Educational Resource Center does not discriminate on the basis of race, national origin, color, creed, religion, sex, age or disability. The ARK is a 501c3 Non-Profit Organization.

Please Print

Demographic Information:

Volunteer Name: _____ D.O.B. _____

Address: _____

Home Telephone: () _____ Cell Phone: () _____

Email Address: _____ Sex: _____ Race: _____

Personal Information:

Graduated High School? Yes ___ No ___ Attended College? Yes ___ No ___

Degree Earned and in what discipline _____

Name of College _____ Year Graduated _____

Subject Area(s) of Interest: _____

Age you work best with: _____

Experience in the field of education? Please explain _____

Days/Hours you are available: _____

Transportation? Yes ___ No ___

Special Accommodations Needed? Yes ___ No ___

Do you have a criminal record? Yes ___ No ___

Please indicate your position preference:

___ Tutor ___ Mentor ___ Fundraising ___ Public Relations

___ Recruitment ___ Other (Explain) _____

Please explain what you hope to share with students in your volunteer efforts:

Medical Information:

Medical Insurance Carrier: _____ Insurance # _____

Primary Care Physician Name: _____ Telephone () _____

In Case of Emergency:

Contact Name: _____ Relationship _____

Telephone () _____ Cell: () _____

Contact Name: _____ Relationship _____

Telephone () _____ Cell: () _____

My signature on the line below indicates that the information I have documented on this application is true. I understand that I am responsible for reading and understanding the rules, policies and procedures for The ARK Educational Resource Center that I have been given.

Volunteer Signature: _____ Date: _____

Documentation Needed: (1) Please attach a copy of your current resume' along with the application. (2) Please provide three character reference letters. (3) Please provide a copy of your current Driver's License or Photo Identification.

Thank You for Volunteering!

Revised: 2016

For Office Use Only

____ Verification documents (License, diploma/degree, criminal background check, Resume', References)

____ Proof of Criminal Background check _____ Policy & Procedures _____ Signed Application

Please attach all verifications to Volunteer Application before filing

Director Signature: _____ Date: _____

Secretary Signature: _____ Date: _____