



Youth Program Parent Tutor Application

Please Print or type all information

Parent Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email _____

Youth Name _____ Age _____ Grade _____

Explain the primary purpose for a tutor: _____

Please check each subjects needed:

Reading (English)	Literature	Spanish	Creative writing	Science	Math
Algebra	Geometry	US History	World History	US Government	Economics
Personal Finance	Home econ	Nutrition	Other _____		

Do you have a preferred schedule for tutoring: Morning Afternoon Evening Weekday Weekends

Preferred time: _____

The following tutor guidelines should followed:

1. Elective or supplemental classes that require supplies other than text books and class materials will not be offered.
2. Text books must be supplied by the parents from the youths primary educational facility.
3. The tutoring schedule will need to be established with parents and be appropriate to maintain the youth grades.
4. The scheduled tutoring must align with medical facility visitor windows if it applies.
5. Tutors will be paired with subjects that they are able to teach.
6. Parent or guardians must be aware of tutoring sessions with the youth.
7. Proud Scholars tutors will need to be identifiable to parents, youth, and facility staff.

General Comments, please provide any additional information that you feel is pertinent to the tutoring: _____



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Confidentiality Release

For purposes of this application, confidential information shall include all information related to families, youth, educational facilities, and/or medical facilities that could potentially identify or compromise teacher/student or doctor/patient confidentiality. All identifying information must comply with confidentiality requirements from Proud Scholars and the facilities affiliated with the youth in need. Additional signed agreements may be required by facilities to ensure the safety and confidentiality for families and youth.

Confidentiality Signature _____

Date _____

It is critical to the success of the tutoring program that the tutor is identifiable by the youth, parents, medical and/or educational staff. The Proud Scholars shirt provided by the program and credentials should be worn at all times while tutoring the youth. Each tutoring session should be supervised according to parental and facility requirements. A professional code of conduct that aligns with Proud Scholars must be maintained while working in the program.

Legal liabilities and implications during the tutoring that violates confidentiality, medical, or legal boundaries will be maintained by the tutor. By signing below I, _____ absolve Proud Scholars from liability related to code of conduct or violations that may occur while in the service of the program, families, or facilities.

By signing this form I acknowledge that I have completely read and fully understand the above release regarding confidentiality, program qualifiers and publicity, and educational facilities and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

I understand that my completed application does not signify acceptance, but is a formality to ensure qualified tutors are matched with families that need support. Proud Scholars will work to match or identify new tutors in the community as needed.

Full Name _____ Youth Name _____

Phone _____ Email Address _____

Signature _____ Date _____

Hardcopies may be mailed to:

Proud Scholars
P.O. Box 14901
Cincinnati OH 45250

Digital copies may be emailed to:

info@proudscholars.org