



Youth Program Tutor Application

Please Print or type all information

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email _____

Birthdate: _____

Please list your graduating school and major:

| Name | City | State | Year | Major/Subject |
|------|------|-------|------|---------------|
|------|------|-------|------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

Highest Degree: High School Associates Bachelors Masters PhD

Please list any certifications:

What skills can you bring to the Proud Scholars Youth program?

Check the grade levels that you can tutor:

Pre-school Primary Secondary College University Adult

If you have tutored or taught before please tell us about it:



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Please rate your teaching level in the subjects below:

| | | | | | |
|-------------------|-----------------|--------------|--------|-----------------------|-------------------|
| Reading (English) | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Literature | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Spanish | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Creative writing | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Science | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Math (general) | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Algebra | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Geometry | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| US History | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| World History | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| US Government | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Economics | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Personal Finance | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Home economics | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |
| Nutrition | Level: beginner | intermediate | fluent | subject matter expert | Teacher/Professor |

AP Courses _____

Depending on the youth age and/or parental requests the subjects may vary depending on youth needs. The following subject qualifiers will need to be 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.
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.

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

Driver License _____ Expiration: _____

Do you have reliable transportation: Yes No Shared

Are you currently employed: _____

Have you worked with children with physical disabilities: Yes No

Please tell us about it, if you answered yes: _____



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Criminal History

Do you have any pending criminal prosecutions? Yes No

Have you ever been criminally charged with crimes that would prevent you from tutoring? Yes No

If required by medical facilities or government offices will you agree to a background check? Yes No

If No, please explain: _____

Professional References

Name _____ Professional Relationship _____

Telephone _____ Email _____

Name _____ Professional Relationship _____

Telephone _____ Email _____

Name _____ Professional Relationship _____

Telephone _____ Email _____

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 _____

Photography Release

Please send or attach a copy of your current resume and accompanied with a photo.

As part of the Proud Scholars Youth Tutoring Program, it is important that we present a professional appearance for parents and facilities to verify your affiliation with the tutoring program.

I, _____ understand that the Proud Scholars Youth Program and Tutoring Program is designed help support LGBT youth that need additional assistance to maintain their current grade level. As part of the tutoring program, I recognize that professional appearance are critical to maintaining relationships with parents, youth, and facilities that have requested support from the Proud Scholars programs. I grant permission to Proud Scholars to use my supplied photograph for web content, marketing, credentials, and promotional content for parents.

Photo Release Signature _____

Date _____



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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 hereby certify that all of the information that I have provided is accurate. If information is identified as untrue, my expulsion from the Proud Scholars Youth Program will be immediate. 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.

Full Name _____

Phone _____ Email Address _____

Signature _____ Date _____

All pages must be accompanied with a resume and photo.

Hardcopies may be mailed to:

Proud Scholars
P.O. Box 14901
Cincinnati OH 45250

Digital copies may be emailed to:

info@proudscholars.org