



PEER TUTOR APPLICATION FORM

NAME: _____

TODAY'S DATE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

MOBILE PHONE NUMBER(S): _____

DATE OF BIRTH: _____

GPA: _____

GRADE LEVEL: (2016-2017) _____

LIST THE CLUBS OR SPORTS YOU ARE INVOLVED IN:

POSITION APPLYING FOR (Please check all that apply):

Math Tutor _____

Writing Tutor _____

Have you tutored before? If yes, when and what subjects?

What interest you to become a Peer Tutor Volunteer?

What qualifies you to be a Peer Tutor Volunteer?

Have you had any work experience in the field of childcare, recreation, or education? (*Be specific.*)

What do you consider the responsibilities are for the task you are applying for?

Please list the Thursdays that you need a day off or email is at GYCpeertutoring@gmail.com two days before you need a day off.

List your hobbies, community involvement or volunteer work:

Do you take any medications, have serious limitations, medical problems or allergies that we should be made aware of? If so, please explain.

Are you certified in CPR, First Aid? *(Please attach copies of certificates or cards).*

Are your immunizations up to date? *(Please attach copies of records).* Yes _____ No _____

What shirt size would you prefer? S _____ M _____ L _____ XL _____

IMPORTANT NOTE:

GYC Enrichment Program runs for 10 months from September 22nd to June 15th 2017. In order to be considered for a Peer Tutor position, you must return the completed application, **ONE "Reference Check"** Forms no later than **September 12, 2016**. You may return the forms to Erin Fowler *(Program Coordinator)* or Chai Stark *(Program Director)* at: GREENWICH YOUTH CENTER, 6 Academy Street Greenwich, NY 12834

Please ask your reference to complete this form. These references must consist of professional references, please no immediate family members. Examples of professional references: teachers, coaches, church leaders, employer.

PROFESSIONAL Reference Check

Name of Reference: _____

Phone: _____

Date: _____

Relationship to Applicant: _____

What are the applicant's strengths? _____

What are the applicant's weaknesses? _____

Please give job title & duties of applicant: _____

Please rate the applicant's performance by using the following scale: **1 lowest – 5 highest:**

<u>Performance</u>	Rating	Comments
Quality of work		
Attitude		
Suitability for position		
Initiative		
Attendance/Promptness		
Dependability		
Cooperativeness		
Communication		

Additional comments: _____

Please ask your reference to complete this form. These references must consist of professional references, please no immediate family members. Examples of professional references: teachers, coaches, church leaders, employer.

PROFESSIONAL Reference Check

Name of **Reference**: _____

Phone: _____

Date: _____

Relationship to **Applicant**: _____

What are the applicant's strengths? _____

What are the applicant's weaknesses? _____

Please give job title & duties of applicant: _____

Please rate the applicant's performance by using the following scale: **1 lowest – 5 highest**:

<u>Performance</u>	Rating	Comments
Quality of work		
Attitude		
Suitability for position		
Initiative		
Attendance/Promptness		
Dependability		
Cooperativeness		
Communication		

Additional comments: _____