



ENGLISH LANGUAGE LEARNERS IN-HOME PROGRAM

TUTOR APPLICATION

Return to Mailing Address: 1894 E. William St. #4-125, Carson City, NV 89701 - or - Email to: ana.englishinhomeprogram@gmail.com

Prospective Volunteers will receive consideration without discrimination of sex, race, color, religion, sexual orientation, gender identity or expression, age, disability or national origin or handicap. The English Language Learners In-Home Program (ELL) is an Equal Opportunity organization

Application Date: _____

Print Full Name: _____ Date of Birth _____ Age: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Country: _____ Home Phone: _____ Cell Phone: _____
Email Address: _____ Male Female

For statistical purposes: Hispanic/Latino Asian African Caucasian Native American Other _____ prefer not to state

Tutor's Availability (2days): Mon. Tue. Wed. Thurs. Fri. Sat. Sun. Times: _____

I will tutor in Student's Home; My Home; School classroom; Public Site (i.e., library) _____

ONLINE: SKYPE; ZOOM; Facetime, WhatsApp Google Meet Other: _____

I want to tutor: Non/Limited Eng. Learner Eng. Conversation GED Computer Citizenship

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an educational institution?
Yes No If yes, explain circumstances _____

Have you ever been convicted of a crime, pled guilty to a charge, pled no contest, or have a case pending?
Yes No If yes, explain circumstances _____

Have you ever been criminally charged with any crime(s) related to the mistreatment, abuse or molestation of children?
Yes No If yes, explain circumstances _____

DO YOU SPEAK A FOREIGN LANGUAGE? (not required for tutoring) Yes No

If Yes, What Language? _____ Fair Good Fluent

Do you want to learn a foreign language? Yes No If Yes, What Language? _____

Level of Education: Less than 12th grade High School/HSE/GED Some College Undergrad Degree Graduate Degree

EDUCATION:	Name/Location	Major/Degree	Dates Attended (From- To)
High School:	_____	_____	_____
College:	_____	_____	_____
University:	_____	_____	_____
Other:	_____	_____	_____

WORK HISTORY:

Current Employer: _____ City/State: _____ Phone: _____
Job Position and Duties: _____ Start Date _____ End Date _____

Previous Employer: _____ City/State: _____ Phone: _____
Job Position and Duties: _____ Start Date _____ End Date _____

HOW DID YOU FIND OUR PROGRAM? (Friend/Tutor/Internet, etc.) _____

Please Complete Other Side.....>

Are you willing to have a background check? Yes No

Attending monthly Tutor Meetings is mandatory. Yes No

Are you willing to perform other duties (i.e., fundraising/training other tutors)? Yes No

Business Reference: _____ Phone _____

Personal Reference: _____ Phone _____

Personal Reference: _____ Phone _____

I certify that all statements contained in this application and any attachments are true and correct and that this application is submitted with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of or dismissal as a volunteer tutor.

I hereby authorize any and all persons having information concerning me, either of public record or otherwise, to furnish it to the authorized agent of the English Language Learners In-Home Program.

If I fail to keep my commitments (specifically tutoring and submitting monthly time sheets), I agree to return all tutor books (Laubach Teacher’s Manual and Illustration) and other material given to me. If materials cannot be returned, I agree to reimburse the ELL In-Home Program the cost for each book. I understand that this is a no-cost-to-student program, that my services are on a volunteer and/or internship basis **and that I will not receive remuneration from ELL In-Home Program and assigned students.**

If tutoring online, insurance is not required. You can cross out this section. I have a valid driver’s license, and am at least 17 years of age and I have and will maintain valid insurance coverage with a minimum amount of \$100,000 per person/\$300,000 per occurrence for bodily injury (\$500,000 for vehicles with more than 5 passengers)

- \$50,000 property damage per occurrence
- \$5,000 per person for medical payment

My insurance provides primary coverage in case of an accident up to the amount of the insured coverage. ELL In-Home Program’s insurance provides secondary coverage for liability only if necessary, in excess of the limits of my coverage. ELL In-Home Program of Northern Nevada’s insurance does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I hereby expressly waive, release and forever discharge the ELL In-Home Program and its agents, from any and all manner of action and causes of action whatsoever (including auto accidents), which I, my administrators or executors can, shall, or may have against the ELL In-Home Program, or its agents, as a result of my volunteering with the ELL In-Home Program.

Print Name : _____ Date: _____

Signature: _____ (electronic signature ok)

Please Read and Sign Next Page.....>

Liability Waiver

In consideration of my volunteer participation with ELL In-Home Program, I agree and understand that I assume the risks inherent in my participation. And with full knowledge of the risks during the COVID-19 Pandemic, I agree to release and hold harmless ELL In-Home Program (ELL) and its staff and employees and assigned representatives from and against any and all claims for personal injuries or damages of any kind arising from my participation in any and all ELL programs and travel to and from any such programs, specifically tutoring students face-to-face.

I hereby accept all risk and injury to health that may result from my participation and release ELL, its staff, employees and assigned representatives from any and all liability to me or for all and any claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death that may result from or occur during my participation in any of ELL's programs at different sites of the approved programs at other locations, including transportation to or from such programs, whether caused by negligence of ESL, its staff, employees or representatives, or otherwise.

I further agree to indemnify and hold harmless ELL, its staff, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in, including transportation to or from, any ELL programs.

Understanding that ELL may be photographing and/or videotaping at any ELL program at which I volunteer, I grant ELL permission to copyright and use my name and likeness including photographs, videos, etc. in any and all of its publications, including website entries, without payment or any other consideration, in any manner or form for any lawful purpose. I waive any right that I may have to inspect or approve the finished product or written copy that may be used in conjunction therewith, or the use to which it may be applied.

Signature _____ **Date** _____

OFFICE USE ONLY:

Name of Tutor Trainer: _____ **City/State:** _____ **Date** _____

Student(s)	Start Date	Book Level	Days	Time	Location
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Tutor Trainer's Comments: _____
