



## 2023-2024 New Tutor Application

\*Please return completed application to [Volunteer@ylfr.org](mailto:Volunteer@ylfr.org) or  
PO BOX 15202 Richmond, VA 23227.\*

Online version available at [ylfr.org/volunteer](http://ylfr.org/volunteer)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Nurture the Child  
Strengthen the Family  
Rebuild the Community*

Thank you for your interest in volunteering with our students! Please review the Tutor Volunteer Description before continuing to ensure that you understand the role and its requirements.



## Tutor Volunteer Description

### **Purpose:**

As an organization, Youth Life Foundation seeks to provide quality academic support for each student. The tutor's role is essential to our Learning Center program. Tutors work with small groups of students to provide homework assistance, reading help, and emotional encouragement during academic time. Our primary objective is to develop student character and academic potential. Our hope is that by raising expectations and increasing opportunities for the children we serve, they will in turn influence their peers, their families and their community.

**Activities:** Facilitate reading and math activities each week with a small group of students (activities and assistance will be pre-planned and provided by Youth Life staff/teachers)

### **Qualifications:**

- Complete a new tutor training (dates and times for in-person trainings can be found at [ylfr.org/volunteer/](http://ylfr.org/volunteer/))
- A general understanding of youth and the desire to aid in their academic success
- Experience volunteering in an under resourced community is helpful, but not necessary
- Commitment to maintaining good communication with YLFR staff (especially regarding absences) and signing in and out consistently.

*\* Note: A background & criminal check will be run on all volunteer applicants prior to acceptance.*

**Time frame:** *Please Note: This is a weekly commitment! Tutoring occurs between 4pm-5:30 pm on Mondays-Thursdays during the school year. Tutors **must** be available **once a week** between 4-5:30pm for tutoring. In addition, attending recess (3:30-4pm) on your assigned day is recommended but not required.* The volunteer tutor will be asked to serve 1.5 hours per week preferably one full school year (flexible for students with changing class schedules). We reserve the right to discontinue a volunteer's service if they are continually absent without communicating. **Absences must be communicated by NOON on the day of absence (but earlier is better).**

### **Benefits/Support Provided:**

The volunteer tutor will receive general training; information on who we are, what we do in the community, and how to work effectively with our youth. This volunteer experience can also be used on a resume and the staff are willing to serve as references (permitting a positive experience.) The Youth Life volunteer coordinator will send out an end of semester questionnaire to receive feedback and provide volunteer support.

# VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (middle)

E-mail address: \_\_\_\_\_

Home Address (no campus addresses please): \_\_\_\_\_

Campus Address (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

Employer or School: \_\_\_\_\_

(For college students) Major and Expected Graduation Year OR (for high school students) Current Grade: \_\_\_\_\_

Emergency Contact:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the Youth Life Foundation of Richmond?  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with the Youth Life Foundation of Richmond?  
\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience (especially tutoring, academics or child-care):  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies, interests, special talents/skills:  
\_\_\_\_\_  
\_\_\_\_\_

Community/Church Affiliations:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a preference for ages/grades of students you are paired with?  
Note: we will do our best to match you appropriately, but we cannot guarantee that your preferences will be met.  
\_\_\_\_\_

**Do you speak Spanish? If so, are you willing to work with a Spanish-speaking student?** \_\_\_\_\_

**Have you ever been arrested or charged with a misdemeanor?** \_\_\_Yes \_\_\_No

**If so, what was the charge?** \_\_\_\_\_

**Do you have your own transportation?** \_\_\_Yes \_\_\_No

**If “no,” what is your plan for getting to the center for your volunteer times? (ex: carpooling with \_\_\_\_\_, Uber, public transportation, university shuttle, unknown, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**If “yes,” are you able to provide a ride to other volunteers?** \_\_\_Yes \_\_\_No

**What days of the week are you available to consistently tutor? (Check all that apply) Reminder: Tutoring occurs from 4-5:30pm, Mondays-Thursdays. Attending recess from 3:30-4pm is suggested but not required.**

\_\_\_Mondays \_\_\_Tuesdays \_\_\_Wednesdays \_\_\_Thursdays \_\_\_Other (please explain)

**Do you have any preferences or comments about the above availability?**

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER APPLICANT STATEMENT**

I understand that the Youth Life Foundation of Richmond does not discriminate in its volunteer practices against any person because of sex, race, color, nationality, ethnic origin, gender, handicap, or status as a veteran.

I authorize the Youth Life Foundation of Richmond to obtain records of my previous volunteer service. I also release the Youth Life Foundation from any liability or damage whatsoever in the event that the information obtained disqualifies me as a candidate for volunteering.

By signing below, I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that any falsification of any statement or significant omission of fact during any phase of the volunteer onboarding process may prevent me from being accepted as a volunteer, or if accepted as a volunteer, may result in immediate dismissal.

By signing below, I also authorize the Youth Life Foundation of Richmond to conduct a criminal background check in accordance with the policies set forth by the center.

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VOLUNTEER CONFIDENTIALITY STATEMENT**

I promise to hold in confidence all information regarding Youth Life Learning Center. I will not violate confidential relationships between the program, their clientele, staff, and volunteers. I will not remove from the office any written records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the center files. I accept full responsibility for maintaining the confidential and private nature of all records and information. I further understand that I can discuss cases assigned to me only with my designated supervisor.

I understand that I am personally responsible and fully liable for any violation of this agreement.

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CODE OF CONDUCT FOR VOLUNTEER/CHILD RELATIONSHIPS

1. Always stay within view of others when tutoring a student.
2. If circumstances arise for you to speak with a student in private, another adult must be present.
3. If you must speak to a child in private without another adult present, do so in a place that is well away from the ears of others but still in view.
4. Never meet with a child in a private room with the door(s) shut.
5. Respect the privacy of the child. Do not become intrusive or curious more than is necessary to monitor the health and safety of the child. Do not ask personal questions regarding the sexual experiences of the children and youth.
6. The child has the right to reject displays of affection if he or she feels uncomfortable about them. Not every child comes from a background in which affection is openly displayed. Respect the child's wishes.
7. Protect your own privacy. Children are naturally curious and may ask you questions about your personal life. Please refrain from sharing details of your private life, particularly your personal relationships, or discussing sensitive topics.
8. If you are asked to serve as a chaperone on a trip, another adult must be present when supervising showers or when assisting the children as they change clothes.
9. The Youth Life Learning Centers have a discipline policy that will be enforced by staff only. This policy does not include nor will the foundation tolerate any type of corporal punishment inflicted on a child.
10. Always make staff aware of any plans to interact with students outside of Learning Center hours so that we will be able to protect the safety of both you and the child. Parental permission is always required for taking students off-site.

## SEXUAL ABUSE POLICY

It is the responsibility of the Youth Life Foundation of Richmond (YLFR) to provide for the protection, security and well-being of the children who have been entrusted to our care. The subject of child sexual abuse while disconcerting to consider is a fact that we must acknowledge. As such the YLFR will be diligent in its efforts to be informed and to be actively involved in the reporting and prevention of child abuse.

If a child exhibits behavior that indicates that he or she may be a victim of sexual abuse you should report this to the Learning Center Director or another staff member immediately. A report will then be filed with the proper authorities.

### Signs of Sexual Abuse

- *Change in behavior, extreme mood swings, withdrawal, fearfulness, and excessive crying.*
- *Acting out inappropriate sexual activity or showing an unusual interest in sexual matters.*
- *A sudden acting out of feelings or aggressive or rebellious behavior.*
- *Regression to infantile behavior.*
- *A fear of certain places, people, or activities, especially being alone with certain people. Children should not be forced to give affection to an adult or teenager if they do not want to. A desire to avoid this may indicate a problem or may indicate that parents have cautioned the child against such behaviors.*

### Signs of Child Abuse

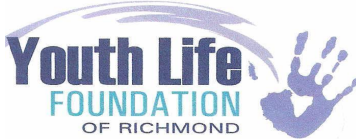
- *Reluctance to change clothes in front of others.*
- *Withdrawn*
- *Sexualized behavior towards adults or other children, which is unusual sexual behavior and/or knowledge beyond that which is common for the particular developmental age.*
- *Poor peer relationships*
- *Either avoids or seeks out adults*
- *Pseudo-mature*
- *Manipulative*
- *Self-conscious*
- *Problems with authority and rules*
- *Eating disorders*
- *Self-mutilating*
- *Obsessively clean*
- *Drug and/or alcohol abuse*
- *Delinquent behavior/running away*
- *Extreme compliance or defiance*
- *Fearful, anxious*
- *Suicidal gestures and/or attempts*
- *Promiscuous*
- *Engages in fantasy or infantile behavior*
- *Unwilling to participate in sports activities*
- *School difficulties*

During the training workshop for volunteers only certain sections of the text will be highlighted **but it is your responsibility as a volunteer to read the entire text, as you will be held liable for its contents and your adherence to the Code of Conduct for Volunteer/Child Relationships.**

By signing below you acknowledge your understanding of the above and your agreement to abide by the Code of Conduct for Volunteer/Child Relationships.

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**RELEASE FOR PUBLICITY PURPOSES**

(Radio, TV, Newspaper, Magazine, Web Page, Personal Appearance or Other)

I, \_\_\_\_\_ hereby give my permission  
(printed name)

to be included in publicity for the Youth Life Foundation of Richmond. The Youth Life Foundation of Richmond has my permission to use photographs, videotape, audiotape, written material, or in-person presentations for general YLFR purposes, i.e. websites, fundraising, and other publicity.

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**LIABILITY RELEASE FORM**

**CORONAVIRUS / COVID-19 WARNING & DISCLAIMER:** Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities could increase the risk of contracting COVID-19. YOUTH LIFE FOUNDATION OF RICHMOND in no way warrants that COVID-19 infection will not occur through participation in YOUTH LIFE FOUNDATION OF RICHMOND programs or accessing YOUTH LIFE FOUNDATION OF RICHMOND facilities. [Initial: \_\_\_\_\_ ]

I have read and understood the Liability Release Form, and agree to all the terms herein. [Initial: \_\_\_\_\_ ]

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





### CONFIDENTIAL RELEASE AND WAIVER

In the interest of children's and co-worker safety it is my understanding that the Youth Life Learning Center will conduct a comprehensive background investigation of my work and personal history. I hereby authorize Volunteer Select to obtain information in order to conduct a social security number verification, criminal file check, and sexual offender search. I hereby release you as custodian of, both individually and collectively, as an agency of the federal government, state, city, country or any political subdivision thereof, or university, or any other educational institution, credit bureau, lending institution, consumer reporting agency holding records considered confidential to me, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **Other Last Name:** \_\_\_\_\_

**Other First Name:** \_\_\_\_\_

**Date of Birth** (ex. 01/01/1980): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SSN** (ex. 123-45-6789): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone #:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*(address must be your permanent address so if you are a college student volunteer, please include your parent's address or where you reside when not in school)*

**Volunteer Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_