

New Community for Children Volunteer Tutor Application Form

Because the information requested is vital to the safe and effective operation of our programs, incomplete applications will not be accepted. Thank you for your cooperation.

Please note, the information you provide will be kept confidential and will be used for internal tracking purposes only.

Today's Date: _____

Name: _____ Date of Birth: _____

Gender: _____ Race (optional): _____ Country of Origin: _____

Full Mailing Address: _____ Day Phone: _____

_____ Evening Phone: _____

_____ Fax: _____

Full Permanent Address (if different): _____ E-Mail Address: _____

_____ Occupation: _____

_____ Employer/ School: _____

Past or Present Volunteer Experience: _____

Interests or Hobbies: _____

Languages (besides English) Spoken: _____ Written: _____ Read: _____

For general volunteer opportunities, please provide your first and second choices of evenings for tutoring, if applicable. You may check multiple programs, if you are unsure.

A. Elementary Program (4:00 – 7:00pm, 1 hr. commitment):
____ Mon ____ Tues ____ Wed ____ Thurs

B. Middle School Program (5:00-8:00pm, 1 hr. commitment):
____ Mon ____ Tues ____ Wed ____ Thurs

C. Teen Program (5:00-8:00pm, 1 hr. commitment):
____ Mon ____ Tues ____ Wed ____ Thurs

How did you hear about New Community for Children? _____

Working at a nonprofit with a small budget, we appreciate volunteer help in all aspects of our organization. Are there any additional skills or abilities that you would like to contribute to New Community for Children?

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? ____ Yes ____ No

If Yes, please explain: _____

What is the highest level of education you have achieved? (please circle one)

Still in High School *HS Graduate* *Still in College* *Finished College* *Grad School or more*

School attended/attending: _____

One way in which New Community for Children safeguards the organization, primarily the children and youth involved, is by performing a reference check on all potential volunteers. Please list the names and **daytime** telephone number(s) of two personal and one professional reference.

Personal reference #1. Name: _____ **Daytime** phone: _____

Personal reference #2. Name: _____ **Daytime** phone: _____

Professional reference. Name: _____ **Daytime** phone: _____

How long have you lived in the metropolitan DC area? _____

This application may be returned by mail to...

Deserea Jackson
Office Manager
New Community for Children
1722 6th Street, NW
Washington, DC 20001

Or by fax to...
(202) 332-9798

Please call us at (202) 232-0457 or email us at info@ncfc-dc.org with any questions. Our website, with more information about our programs, and an online volunteer application, can be viewed at www.ncfc-dc.org.