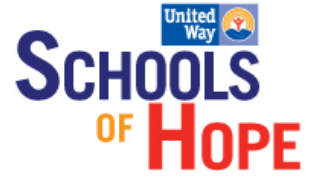




COUNTY of SONOMA

Schools of Hope Tutor Application



Please return the application to Human Resources no later than January 3, 2020. You will be notified by email to attend the orientation on **January 13th or January 15th.**

Participation requirements include:

- Have discussed participation with their supervisor(s) and have authorization to participate.
- Ability to commit to tutoring 30 minutes and travel time (typically not more than an hour a week), once a week, for a full school year cycle.
- Ability to travel to and from a participating school.
- Willingness to sign United Way's insurance waiver and volunteer agreement.
- Willingness to undergo a background check which includes fingerprinting and screening for tuberculosis.
- Ability to attend a general program orientation and site training at a specific school.

___ I am interested in participating as a tutor in the Schools of Hope program. I have discussed this with my supervisor and have received approval; and I am able to comply with the aforementioned participation requirements, and

___ I understand that my participation in this program is considered paid County time, when I tutor during regular scheduled work hours.

___ I understand that the County may rescind my participation due to unforeseen operational issues or performance issues.

___ I understand that my photo, likeness, or statements/testimonials may be used in promotional materials.

___ I have read the program and procedure and agree to abide by the information set forth.

Last Name: _____ First Name: _____

Job Title: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Department: _____ Division/Program: _____

Have you participated as a Schools of Hope tutor in the past? Yes No
If yes, when and where?

Employee Signature: _____ Date: _____

By signing this approval, I consent to this employee's participation and understand their participation is considered paid County time, when he/she tutors during regular scheduled work hours.

Supervisor Signature: _____ Date: _____