



ENGLISH LANGUAGE LEARNERS IN-HOME PROGRAM TUTOR APPLICATION

Return to Mailing Address: ELL In-Home Program
1894 E. William St. #4-125, Carson City, NV 89701 - or - Email to florence.phillips@eslinhome.org

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. Information is used for statistical purposes only, and contact information will not be shared with anyone outside the ELL organization.

Application Date: _____

Print Full Name: _____	Date of Birth: _____	Age: _____
Home Address: _____	City: _____	State: _____ Zip: _____
Country: _____	Home Phone: _____	Cell Phone: _____
Email Address: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

Race/Ethnicity: Hispanic/Latino Asian African Caucasian Native American Other _____

Tutor's Availability Choose (at least) **2 days**: Mon. Tue. Wed. Thurs. Fri. Sat. Sun. **Times:** _____ am/pm

I will tutor ONLINE: SKYPE ZOOM Facetime WhatsApp Google Meet Other: _____

I want to tutor (check all that apply): Beginner English (Level 1) English Conversation GED Citizenship

I commit to tutoring at least 6 months: Yes

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain circumstances: _____
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DO YOU SPEAK A FOREIGN LANGUAGE? (not required for tutoring)

If Yes, What language(s)? _____ Fair Good Fluent

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

Level of Education: <input type="checkbox"/> Less than 12 th grade <input type="checkbox"/> High School/HSE/GED <input type="checkbox"/> Some College <input type="checkbox"/> Undergrad Degree		
<input type="checkbox"/> Graduate Degree		
EDUCATION:	<u>Name/Location</u>	<u>Major/Degree</u>
	<u>Dates Attended (From- To)</u>	
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? <input type="checkbox"/> Another Tutor <input type="checkbox"/> An ELL Student <input type="checkbox"/> A friend/relative <input type="checkbox"/> Online
<input type="checkbox"/> Other: _____

PLEASE COMPLETE OTHER SIDE.....>

Are you willing to have a background check? Yes No

Do you understand that 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 _____

Business 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 and other material given to me. If materials cannot be returned, I agree to reimburse ELL 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 and assigned students.**

I hereby expressly waive, release and forever discharge the ELL 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 ELL, or its agents, as a result of my volunteering with ELL

My signature below also informs ELL that I have read and understood the Tutor Handbook.

Print Name : _____ Date: _____

Signature: _____

PLEASE READ, SIGN AND RETURN 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

Student(s)	Start Date	Book Level
	Days	Time
		Location

Tutor/Trainer's Comments:

(Rev.2.2023)