

**CHILDREN'S LITERACY CENTER**  
**Volunteer Tutor Application Instructions** (*18 years of age and older*)

1. **Volunteer Application**: Review and complete the application in its entirety. Refer to the "*Peak Reader Tutoring Sites*", to determine at which location you would like tutor, for part five of the application. Choose two locations just in case you are not selected for your first choice. **Please print clearly.**
2. **Abuse Statement**: Please review this form carefully, answer the question, sign and return it with the application at orientation or by mail.
3. **Background Criminal Checks**: Since Children's Literacy Center is an organization that serves children; we are required by law to complete background checks on all adult volunteers. To help offset our cost, we do ask that each new volunteer pay a one-time fee of \$10.00. We accept cash, check or charge.

If you are under 18 years of age, you are not required to complete a background check. If you are a current teacher or have a security clearance, you are not required to pay for an additional background check. However you are required to complete one of the following two options.

**Option#1**: If you are in the military, a civil servant or an active teacher, have your supervisor complete the bottom portion of the *Background Check* form under *Alternative Background Check* and return it with your application.

**Option#2**: If you have had a background check done recently for another agency, a copy of that background check may be acceptable. Acceptance is on a case-by-case basis so please call the office to discuss this option.

4. **Media Permission Form**: Please review this form carefully, answer the question, sign and return it with the application at orientation or by mail.
5. **Character Reference Letters**: Three letters of reference are required to complete your application process. You will find three reference forms in this packet. Print your name on the line provided at the top of the page and send one to **three different people who are not members of your family.**

If you are currently employed, please have your supervisor complete the *Employer Reference* form and count this as one of your three letters of reference. If you are in middle or high school include a counselor or teacher as one of your three references.

All letters of reference must be mail directly to, **Children's Literacy Center, Attn: Pamela Polke, 2928 Straus Lane, Colorado Springs, CO 80907**

6. **Acceptance**: Children's Literacy Center has the right to accept or terminate a volunteer based on an incomplete application packet, or if the background check or letters of references create issues.



## ABOUT CHILDREN'S LITERACY CENTER

The Children's Literacy Center builds a life of success for children through a foundation of literacy.

### Who are we?

The Children's Literacy Center offers one-to-one tutoring for children reading below grade level at no cost to families, we recruit and provide training to thousands of volunteers each year.



The Children's Literacy Center, a 501(c)(3) not for profit, began as a Junior League project in 1991. It has since evolved into a statewide and national effort that receives support from a broad base of individual donors, businesses, corporations, schools and foundations.

Beginning with one location and sixty-two children in 1993, there are nearly 50 active sites statewide, serving more than 1,000 students annually.

### Why do we need to help?

Approximately forty percent of fourth grade students in Colorado fail to meet state reading standards and more than fifty percent do not meet state writing standards. This translates to thousands of children at-risk of not succeeding in school. The Children's Literacy Center's program works with the community, the schools, and the families, providing a cost-effective literacy program that minimizes the gap between success and failure.

### Who are the tutors?

Tutors are community volunteers from age 14 and older, who have a desire to help children struggling with reading. Volunteer tutors work individually with each child, teaching them to unlock the meaning of words and giving them the assistance to develop independent reading strategies. In addition, volunteers forge supportive relationships with the children, creating a sense of self-worth and building lasting connections within the community.

### What curriculum is used?

The Children's Literacy Center's *Peak Reader*® program addresses today's important educational issues - student achievement, school accountability and the meeting of state standards and National Literacy Strategies.

### What is our impact in the community?

*Currently there are 8,000 students in El Paso County not reading at grade level. In the next ten years, 97% of all jobs will require a high school education or more.* Our program results in a 95% success rate; consequently, program participants develop a solid reading foundation essential to them now and in the future. Tutors give each child the confidence they need to succeed. The ability to read and learn guarantees economic security and social stability in our neighborhoods and communities.

**Thank you to our generous donors including foundation grants from:** Helen K. and Arthur E. Johnson Foundation, The Gazette, T. Rowe Price Associates Foundation, Target Foundation, The Leighty Foundation, Lewis Family Foundation, Nutrition Camp School Foundation, Ronald McDonald House Charities, Colorado Springs Utilities Focus Fund, CW2 Gives, The Donner Foundation, El Pomar Foundation, Wal-Mart Foundation.

**2928 Straus Lane, Suite 100 • Colorado Springs, CO 80907  
719-471-8672 • 719-473-0439 (fax) • [www.peakreader.org](http://www.peakreader.org)**



Peak Reader® Tutoring Sites  
Spring 2010 (February - May)

Community Sites

**Barnes and Noble - Citadel**

795 Citadel Drive East, Colo. Springs 80909  
**Starting:** Tuesday, February 2, 2010  
5:00-6:00 p.m. **or** 6:15-7:15 p.m.  
on Tuesdays and Thursdays

**PPLD – Monument Branch**

1706 Lake Woodmoor Drive, Monument 80132  
**Starting:** Tuesday, February 2, 2010  
5:30 – 6:30 p.m. **or** 6:00-7:00 p.m.  
on Tuesdays and Thursdays

**Bates Elementary School – D11**

702 Cragmoor Road, Colo. Springs 80907  
**Starting:** Monday, February 1, 2010  
4:00-5:00 p.m. **or** 4:30-5:30 p.m.  
on Mondays and Wednesdays

**PPLD – Ruth Holley Branch**

685 Murray Blvd., Colo. Springs, 80915  
**Starting:** Monday, February 1, 2010  
5:30-6:30 p.m. on Mondays and Wednesdays

**PPLD - Penrose Library**

20 North Cascade Avenue, Colo. Springs 80903  
**Starting:** Saturday, February 6, 2010  
10:15-11:15 a.m. on Saturdays

**PPLD - Sand Creek Branch**

1821 S. Academy Blvd., Colo. Springs 80916  
**Starting:** Monday, February 1, 2010  
6:30-7:30 p.m. on Mondays and Wednesdays

**PPLD – Old Colorado City Branch**

2418 West Pikes Peak Ave., Colo. Springs 80904  
**Starting:** Monday, February 1, 2010  
3:30-4:30 p.m. on Mondays and Thursdays

**Denver – Tattered Cover Book Store**

2526 East Colfax Ave. (at Elizabeth), Denver 80206  
**Starting:** Tuesday, February 2, 2010  
6:00-7:00 p.m. on Tuesdays and Thursdays

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\*School Sites

**Academy School District 20**

1110 Chapel Hills Drive 80920  
**Starting:** Tuesday, February 2, 2010  
4:30 - 5:30 p.m. **or** 6:00 – 7:00 p.m.  
Tuesdays and Wednesdays

**Hunt Elementary – D11**

917 East Moreno Ave., Colo. Springs 80903  
**Starting:** Monday, February 1, 2010  
4:15 - 5:15 p.m., Mondays and Wednesdays  
**or** Tuesdays and Thursdays

*\*CLC has Peak Reader programs in many schools throughout El Paso County. Please refer to our website, [www.peakreader.org](http://www.peakreader.org), for a complete listing or call our office at (719) 471-8672.*



# Volunteer Application

## Part One: General Information

Name: \_\_\_\_\_ Date of Birth: \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address, City, State, Zip: \_\_\_\_\_

Please provide your previous home state(s) below if you have lived in Colorado for less than 2 years:

Previous Home State(s): \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Ethnicity: \* \_\_\_\_\_ Marital Status: \* Married Single Gender:\* M F

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Some employers will donate to the volunteer agency with a matching gift program. Some also provide a donation for your volunteer time.* Does your employer have a matching gifts program? Y N

How did you hear about Children's Literacy Center? \_\_\_\_\_

**\*NOTE: Your answer to these questions is optional and is only used for statistical purposes: The Children's Literacy Center is committed to avoiding discrimination in all its employment and service delivery practices including staff and volunteer recruitment, hiring, compensation, fringe benefits, staff development and training, promotion, termination, outreach and referral. The CLC will not discriminate against persons because of sex, race, color, religion, class, national origin, age, political or union affiliation, marital status, or sexual orientation, and will not allow such protected status to hinder access to either employment or services delivered by the CLC. Physical and mental handicaps will be considered only as they relate to bona fide paid or volunteer job requirements.**

## Part Two: Education/Training/Skills

Level of education completed: H.S. Diploma Some College Undergraduate Degree Graduate Degree

If currently a student, what school do you attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Areas of study: \_\_\_\_\_

Special Skills/Certificates: \_\_\_\_\_

Do you speak, read, or write another language? Y N If yes, which language? \_\_\_\_\_

**Please continue on the reverse side**

### Part Three: Volunteer Experience and Interest

Please list the other organization(s) you have volunteered with beginning with the current or most recent volunteer experience:

Organization	Title/Position	Dates

List special interest or hobbies: \_\_\_\_\_

- Reason for volunteering:    \_\_\_\_\_ Desire for community involvement  
                                  \_\_\_\_\_ School requirement  
                                  \_\_\_\_\_ Work-study  
                                  \_\_\_\_\_ Court ordered community service

### Part Four: Limitations & Emergency Contact

What health conditions, allergies or other limitations should we be made aware of? \_\_\_\_\_  
\_\_\_\_\_

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

### Part Five: Availability

**Peak Reader Tutors:**

Which site would you like to be placed?

1<sup>st</sup> choice: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_ Time: \_\_\_\_\_

**Office volunteers:**

When are you available to volunteer? (Please circle all that apply)    *Days*    *Evenings*    *Weekdays*    *Weekends*

How many hours a week are interested in volunteering? \_\_\_\_\_

Would you be willing to volunteer for special projects as needed?    Y    N

### Part Six: Authorization for Release of Information

The information in my application is true and complete to the best of my knowledge. I understand that it is necessary for Children's Literacy Center to investigate my background and check my references. I hereby give my consent for this information exchange and authorize such agencies or individuals to release any information requested. I understand the agencies to be contacted shall include employers, character references, police (local, state or federal), Social Services and any other persons or agencies with which I have any interaction.

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



**ABUSE STATEMENT**

I, \_\_\_\_\_, do hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge, against a child, as defined in the Colorado Revised Statutes.

Furthermore, I am aware of the Colorado Revised Statute which states that intentionally/willfully placing a child in a position of danger, with intent to commit harm to said child, or placing child in a position of mistrust to include any sexual misconduct with a child, is punishable by law.

I also understand that the Children's Literacy Center staff is required to report any such misconduct to the proper authorities. Such misconduct will be grounds for immediate suspension and possible prosecution and termination.

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(If under 18 years of age)*



Notification Form

(Applies to applicants 18 years of age and older)

The purpose of this form is to notify you that a background report will be processed on you in the course of consideration for volunteering with the Children's Literacy Center.

To help offset the cost of background checks a fee of \$10.00 is being charged. Please pay by cash, check or credit card. Make checks payable to: Children's Literacy Center.

- Payment options: Cash, Check #, Credit Card (Type of card: Visa, MC, AMEX, Exp:)

Last Name First Middle

Last 4 digits of Social Security # Date of Birth Age

Driver's License Number State of Issue

Present Address/City/ State/ Zip

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

Applicant's Signature

Date

Alternative Background Check

Applies to Military Personnel, Civil Servants, or Teachers

I do hereby declare that a background check has been completed and to the best of my knowledge (Military / Civil Servant / Teacher) has never been convicted of abuse, neglect, sexual assault or related charges against a child and that nothing in his or her background would prevent the applicant from being placed in a position of trust with a child.

Supervisor Printed Name and Signature or if Teacher, School District Administrator over Personnel

Phone Number

Military First Sergeant Printed Name and Signature

Phone Number

Please return to: The Children's Literacy Center, 2928 Straus Lane, Ste 100, Colorado Springs, CO 80907, Fax: 719.473.0439

Office Use Only

Background check completed by: Date:

# Children's Literacy Center Media Permission Form

(Volunteers)

Throughout the year, Children's Literacy Center publishes pictures and accounts of the activities and accomplishments of our students and volunteers. We would like to be able to include your picture in our media, but we also want to be sensitive to your privacy. Please indicate below if you give Children's Literacy Center permission to take your picture and include it and your name in any of our media.

Volunteers' Name: \_\_\_\_\_

Please place a check next to your choice.

Yes, I give permission to Children's Literacy Center to include my name and picture in any of their publications.

No, please do not publish my name or picture.

Volunteers' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A parent or guardian must sign if the volunteer is *under 18 years of age*.

Parent or Guardian's Name (*please print*): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation. If you have any questions please do not hesitate to call Children's Literacy Center at (719) 471-8672.

## **CHARACTER REFERENCE**

**(Print Tutor Name)** \_\_\_\_\_ has provided your name as a reference to be used in evaluating his/her application to volunteer for the Peak Reader program. Volunteers will be tutoring young children who need help with reading. It is critical that a volunteer works well with children and can make the time commitment of approximately two hours per week.

A standard part of our screening process is to verify personal references. Consequently, your response carries significant value and is greatly appreciated. Please know that any information you divulge is confidential and is not revealed to the applicant. If you do not feel comfortable recommending this applicant, simply answer Question #1 and sign and return the form. Should this form not be returned within a reasonable time, it will generally be assumed a negative reference and may prevent the applicant from being accepted. Please answer the following questions honestly and return promptly.

1. Do you know any reason why the applicant would NOT be able to help a child? Yes / No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. How would you regard applicant's relationship to others? (Check as many as applicable)  
Impatient \_\_\_ Well-liked \_\_\_ Friendly \_\_\_ Distant \_\_\_ Rigid \_\_\_ Reliable \_\_\_  
Understanding \_\_\_ Strict \_\_\_ Patient \_\_\_ Confident \_\_\_ Aggressive \_\_\_ Unknown \_\_\_
4. How well does the applicant assume responsibility? Excellent \_\_\_ Average \_\_\_ Fair \_\_\_ Poor \_\_\_
5. Are you aware of this person having a drug or drinking problem? Yes / No If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Would you recommend the applicant as a tutor for a child close to you? Yes / No Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please feel free to make additional comments here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time.

\_\_\_\_\_  
Print reference name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed form to Children's Literacy Center**





**Children's Literacy Center**  
**Employer Reference for Volunteer Position**

**To be completed by the employee:**

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

I request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability for providing the information requested.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the employer:**

1. How would you rate this person? Please circle 5 for the highest rating, 1 for the lowest.

a. Reporting to work on time      5 4 3 2 1

b. Completing assignments      5 4 3 2 1

c. Cooperation with others      5 4 3 2 1

2. Is there any other information that may be helpful to us in determining your employee's suitability to be a volunteer for the *Children's Literacy Center*?

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

3. May we call you if further clarification is needed? \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Please return promptly to:** Children's Literacy Center  
2928 Straus Lane, Suite 100  
Colorado Springs, CO 80907