

# TEACH 4 DETROIT

Educating Detroit for a Brighter Future

## Volunteer Information and Application Packet

## CODE OF CONDUCT

Thank you for your cooperation in respecting the following important guidelines:

1. **MAINTAIN** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.
2. **DON'T** make promises you can't keep. Avoid saying things like "Study hard and you'll definitely pass the test."
3. **USE** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one student out of view of other people. Always keep the door open.
4. **STRICTLY** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the volunteer coordinators for assistance with problematic student behavior.
5. **REPORT** immediately to staff persons any physically abusive or sexually exploitive behavior towards a student.
6. **MAINTAIN** a constructive attitude. Don't make negative comments about the school, its personnel, or the students to other volunteers or individuals outside the school.
7. **BE PROMPT** and consistent in your attendance.
8. **NOTIFY** a volunteer coordinator as soon as possible if you must be late or absent.
9. **KEEP** an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of daily activity with students.
10. **NEVER** be under the influence of drugs or alcohol. Do not smoke on school grounds.
11. **DO NOT** lend money, contribute or solicit money for organizations while you are on school grounds.
12. **DO NOT** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.
13. **ALERT** school staff immediately if any student has an accident while working with you.
14. **REFER** any student in need of first aid or any type of medication to a teacher or school nurse. If not on a school campus, refer students to the volunteer coordinators and call 911.
15. **LEARN** and follow fire drill procedures and all school rules.
16. **NOTIFY** the principal and volunteer coordinators of any accident you have on school grounds.
17. **ALERT** volunteer coordinators before volunteering if you have, or have been exposed to, a communicable disease.

Please remember that you must complete all screening and training requirements before you can become a volunteer. The program/school reserves the right to discontinue your volunteer service for any reason.

# Volunteer Application

## Basic Information

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. citizen? Yes No  
MM DD YYYY

## Contact Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact info \_\_\_\_\_

## Experience and Goals

Highest degree earned \_\_\_\_\_ School \_\_\_\_\_

Teaching/Tutoring experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience working with kids \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grades you would like to tutor: Elementary Middle 9 10 11 12

Why do you want to work with Teach 4 Detroit? \_\_\_\_\_

\_\_\_\_\_

Which subjects would you like to tutor? (circle all that apply)

Math Science Language Arts ACT/SAT Prep Art Music

Other: \_\_\_\_\_

## Availability

When can you help?

From: \_\_\_\_ / \_\_\_\_ (MM/DD)

To: \_\_\_\_ / \_\_\_\_ (MM/DD)

What days?

**Sunday** From: \_\_\_\_\_ (e.g. 11:00 AM) To: \_\_\_\_\_ (e.g. 5:00 PM)

**Monday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Tuesday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Wednesday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Thursday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Friday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Saturday** From: \_\_\_\_\_ To: \_\_\_\_\_

Times can be approximate. If schedule changes occur, please let us know.

By signing below, I confirm that the information on this form is accurate to the best of my knowledge. I agree to abide by all rules and regulations set forth by Teach 4 Detroit, including the Teach 4 Detroit code of conduct. I also understand that Teach 4 Detroit may need to perform other pre-volunteer checks, and I agree to any necessary background checks required of me.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Teach 4 Detroit**  
351 Student Center  
5221 Gullen Mall  
Detroit, MI 48301  
313-444-0413  
volunteer@teach4detroit.org

# TEACH 4 DETROIT

## Volunteer Application – Reference Form

Instructions: Please fill out your information in the Applicant Information section. Fill out the information about your reference in the Reference's Information section. Hand the form to the person you are using for your reference and ask them to fill it out and return it to us, either by e-mailing it to [volunteer@teach4detroit.org](mailto:volunteer@teach4detroit.org) or by mailing it to us at our mailing address listed at the bottom of this form. Thank you for your interest!

### Applicant Information

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

### Reference's Information

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

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How long have you known the applicant?

Would you recommend the applicant as a tutor?

Would you recommend the applicant in an administrative role?

If the answer to either of the above is no, why not?

Reference's Signature \_\_\_\_\_

Please email this form to [volunteer@teach4detroit.org](mailto:volunteer@teach4detroit.org) or mail this form to:

Teach 4 Detroit  
351 Student Center  
5221 Gullen Mall  
Detroit, MI 48202

# TEACH 4 DETROIT

## Volunteer Liability Release Form

I, \_\_\_\_\_, hereby release, indemnify, and hold harmless Teach 4 Detroit, and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a volunteer from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that I am to receive no payment for services from Teach 4 Detroit. I am not an employee. I will not be entitled to and will not receive Worker's Compensations benefits or other similar payments from Teach 4 Detroit in the event that I am injured.

I hereby consent that Teach 4 Detroit may copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may take or make of me during my work as a volunteer in which I may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby waive all claims for compensation of such use or for damages.

I acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of the staff.

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Signature of Volunteer

Date

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Signature of Parent/Guardian (if under 18 years old)

Date

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Signature of Teach 4 Detroit Representative

Date