

Noah After School

Tutoring Program in Hartford's North End

Application and Background Screening Release Form

Thank you for your interest in becoming a part of the Noah After School team. Your willingness to serve in this work is a testimony to your faith and desire to serve the Lord. We appreciate you honestly providing this sensitive information. We want you to know that the information will be kept confidential and only shared with appropriate Noah After School leadership when deemed necessary.

Please complete all items thoroughly. If you have any questions about this form, please contact Amy Jarvis, Noah After School, at 860/246.0132. When finished return this form to Amy Jarvis at 280 Vine Street, Hartford, CT 06112.

Please PRINT or write legibly.

General Information

Last Name _____		First Name _____		Male/Female _____	
Street Address _____				Apt/Floor _____	
City _____		State _____		Zip Code _____	
Home Phone () - _____		Cell Phone () - _____			
Email _____					

References

Please list three people who have known you for at least one year who would be able to attest to your character and to your ability to work with children.

Name _____		Length of time known _____			
Address _____					
City _____		State _____	Zip _____	Home Phone _____	Work Phone _____

Name _____		Length of time known _____			
Address _____					
City _____		State _____	Zip _____	Home Phone _____	Work Phone _____

Name _____		Length of time known _____			
Address _____					
City _____		State _____	Zip _____	Home Phone _____	Work Phone _____

Emergency Contacts

1) Name _____	Relationship _____	Phone # () - _____
2) Name _____	Relationship _____	Phone # () - _____

Experience

1) Please share your personal testimony of how you came to know Christ.

2) Do you have any past experience tutoring? Y / N

If so, where/with what organization(s)? _____

Type of involvement _____

Length of involvement _____

3) Do you have any past experience working with inner-city children? Y / N

If so, where/with what organization(s)? _____

Type of involvement _____

Length of involvement _____

4) What excites you the most about participating in Noah After School?

5) Do you have any concerns about participating in Noah After School?

6) What day(s) are you available for Noah After School? Mon / Tues / Wed / Thurs / Fri

7) Please describe any special interests, talents or abilities that you may be able to share with the children (such as crafts, cooking, dance, exercise, health, games, art, music, gardening, etc.).

Do you know anyone else who would be able to help with these activities on a one or two time basis?

8) Please list any foreign languages you speak: _____

9) Are you willing to be a carpool driver for other tutors? Y / N

Are you willing to drive for Noah After School field trips? Y / N

10) This information contained in this application is correct to the best of my knowledge. Yes ___ No ___

Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with HARTFORD CITY MISSION, I authorize HARTFORD CITY MISSION and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that HARTFORD CITY MISSION may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me. When requested by an employer, motor vehicle records or a driving history may be obtained. Motor vehicle records from the state of Louisiana will be provided by American Driving Records.

I authorize without any reservation, any person, agency, or other entity contacted by HARTFORD CITY MISSION or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information.

I release HARTFORD CITY MISSION , their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 423268 **PLEASE PRINT** _____

FULL LEGAL NAME _____ BIRTHDATE _____

OTHER NAMES USED _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered

Current
Address _____ City _____ Co. _____ St. _____
Zip _____ How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____
Zip _____ How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____
Zip _____ How long at this address? (Months/Years) _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18: _____

SIGNATURE _____ DATE _____

Thank you for applying to volunteer for Hartford City Mission.