



TUTOR APPLICATION FORM

GENERAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____ Telephone #: _____
Street Apt. #

Date of Birth: _____

Ethnic/Cultural Background:

- African-American Asian Hispanic
 Native American White/Caucasian Other (Specify)

Where were you born?: _____

What languages do you speak? _____

Which language are you the most comfortable speaking in? _____

Which language are you the most comfortable reading/writing in? _____

Emergency Contact Information: (please provide at least two people)

Name: _____

Relationship to you: _____ Telephone #: _____

Name: _____

Relationship to you: _____ Telephone #: _____

SCHOOL INFORMATION

*****Please attach a copy of your most recent report card.*****

Present School: _____ Grade in September: _____

Guidance Counselor: _____

List Courses in September:

Subject(s) you are most qualified to tutor:

_____ English

_____ Math

_____ Science

_____ Social Studies

Work Experience

Position: _____ Employer: _____

Dates: _____ to _____

Duties and Responsibilities:

Position: _____ Employer: _____

Dates: _____ to _____

Duties and Responsibilities:

List any extra-curricular activities that you are involved in:

Do you have any hobbies or special interests?

Availability (please list the times that you are available):

Monday: _____

Wednesday: _____

Friday: _____

Tuesday: _____

Thursday: _____

Saturday: _____

PARENT/GUARDIAN CONSENT/RELEASE FORM

I grant consent for my child, _____, to participate in Holyoke Community College's Skills Training and Enrichment Program (STEP) and to attend all related activities and functions.

I request school personnel to share information, grades, class rank, assessment test scores and any other information necessary with program personnel and agree to waive any liability resulting therefrom.

I do hereby agree to assume all the risks and responsibilities surrounding my child's participation in the STEP Program activities; and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, release and forever discharge the Commonwealth of Massachusetts, Holyoke Community College, the STEP Program, John J. Lynch Middle School, William R. Peck Middle School, Holyoke High School, and Dean Technical High School, and all its officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury that may result from my child's participation in the program and its activities.

In the event I cannot be reached through the emergency telephone number I provided, I authorize program personnel to transport and admit my child to a local hospital for the purpose of emergency medical treatment.

In case of emergency contact:

Name: _____ Telephone #: _____
Parent/Guardian

Signature: _____ Date: _____

Consentimiento y Permiso de Padre o Encargado

Doy permiso a mi hijo(a), _____, a participar en el Skills, Training and Enrichment Program (STEP) de Holyoke Community College y a atender todas las actividades y funciones relacionadas al programa.

Por este medio declaro que estoy de acuerdo en asumir todos los riesgos y responsabilidades relacionadas a la participacion de mi hijo(a) en las actividades del Programa STEP. Declaro por mi, mis herederos, y representante(s) personal, que defiendo, indemnizo, y libero de culpa por siempre a el Estado de Massachusetts, a Holyoke Community College, al Programa STEP, y a las escuelas intermedias de Holyoke; John J. Lynch, and William R. Peck y aun mas pido al personal de las escuelas intermedia a compartir informacion, notas, rango en la clase, resultados de exámenes de destrezas y cualquier otra informacion necesaria con el personal del programa. Descargo de toda responsabilidad al personal de el programa STEP, de las escuelas intermedia y de Holyoke Community College por daños y perdidas surjidos de tal participacion.

En caso de emergencia y no poder ser localizado(a) atraves del numero de telefono de emergencia provisto, yo autorizo al personal del programa a transportar a mi hijo(a) a un hospital local con el proposito de recibir asistencia medica.

En caso de emergencia contacte:

Nombre: _____ Telefono: _____

Nombre: _____ Date: _____

MEDIA RELEASE FORM

For valuable consideration received, I hereby grant to the Skills Training and Enrichment Program and Holyoke Community College and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction, and to copyright the same. I hereby release the Skills Training and Enrichment Program and Holyoke Community College and its legal representatives and assigns all claims and liability relating to said photographs.

Name (Print): _____

Date: _____

Signature: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

If minor, Signature of Parent/Guardian: _____

Witness: _____