|  |  |
| --- | --- |
|  | Certified Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *For Office Use Only* |



VOLUNTEER TUTOR INFORMATION SHEET

CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Street | | City | Zip Code |
| Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Home Work (please circle) | | |
| Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Home Work (please circle) | | |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

DEMOGRAPHIC INFORMATION

|  |  |
| --- | --- |
| Gender (please circle): Female Male | Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Ethnicity (please circle): African American Asian Hispanic White Other | |
| Education Level (please circle): HS/GED Some College Undergraduate Degree Graduate Degree | |
| Employment (please circle): Employed Unemployed Not in Labor Market | |
| Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

AVAILABILITY

*Please indicate available times for tutoring.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
|  | | | | | | | |
| Please list the cities you are willing to tutor in: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| Please indicate any limitations that you have regarding a student assignment: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

SPECIAL SKILLS

Please include any special skills you have that are relevant to tutoring or volunteering.

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



TUTOR AGREEMENT

Tutor agrees to: (Please initial each point indicating you agree)

* \_\_\_\_ Tutor a LCSWPA student approximately 3 hours per week for a year.
* \_\_\_\_ Meet at a designated tutoring site which will be a public access building.
* \_\_\_\_ Provide their own transportation, and will neither provide transportation for, nor accept transportation from students.
* \_\_\_\_ Maintain student’s privacy and confidentiality.
* \_\_\_\_ Prepare lesson plans based on student goals, needs and interests.
* \_\_\_\_ Teach appropriate skills: reading, writing, speaking, listening and culture.
* \_\_\_\_ Maintain records of student achievements/accomplishments.
* \_\_\_\_ Complete and return monthly reports.
* \_\_\_\_ Report promptly any changes in status of student or self i.e., termination of tutoring, address change, etc.

Tutor understands that given reasonable accommodation, failure to comply with any of the LCSWPA’s guidelines is deemed reasonable cause for dismissal.

Tutor Qualifications:

* Tutor is 18 years of age.
* Tutor demonstrates the ability to speak, understand, read and write English well enough to communicate clearly in English (high school level or above).
* Tutor has successfully completed all sessions of the tutor training workshop and shadow training.
* Tutor does not have a record of conviction of any sexual offense or crime of violence.

LCSWPA staff and tutors respect and work with people of diverse backgrounds without discrimination on the basis of race, religion, color, national origin, sex, age, height, weight, marital status, familial status, disability, or handicap. Sexual harassment or harassment of any kind will not be tolerated and will result in immediate dismissal from all programs conducted or sponsored by the LCSWPA.

Tutor acknowledges that his or her signature on this document constitutes a waiver and release in full of all claims, liability, and damages of whatever kind or nature against LCSWPA, its agents and employees as a result of participation in any program conducted or sponsored by the LCSWPA.

I have read and accept the conditions stated above.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please print your name | Signature | Date |



CONFIDENTIALITY

A primary obligation of all agency personnel, both paid and volunteer, is to safeguard all spoken and/or written information that he or she may learn through interaction with a learner. Even an address and telephone number can be confidential information when it connects a learner with our agency, as the learner may wish to keep our help from family and friends.

As a representative of this agency, you need to establish a relationship with your learner based on respect, responsibility and concern for the problem he or she is trying to overcome. Learners need to know that we respect their privacy and that we will not disclose anything told to us in confidence.

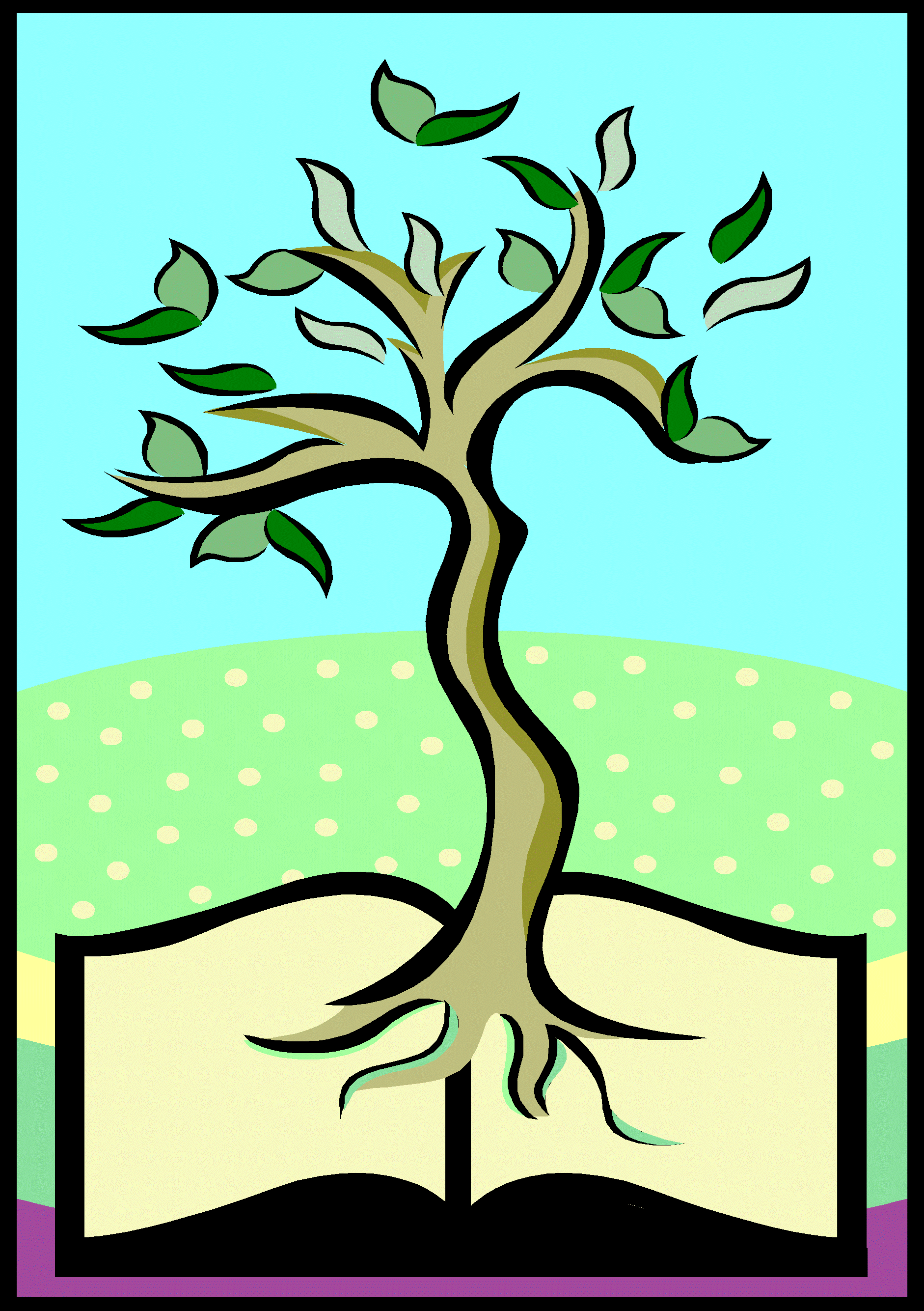
Confidential information should be shared only among the tutor, learner and agency staff. If a learner presents you with a concern or information that you are uncertain about handling, you should always discuss it with agency staff. If there is a need to release any information about a learner this agency will secure a signed release from him or her prior to disclosure.

I agree to maintain the confidentiality of both my learner and the Literacy Council of Southwestern PA.

Tutor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agency Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_



Literacy Council of Southwestern PA

Certification of Receipt of Volunteer Policies

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and read a copy of

(Print name here)

the Policies and Procedures Manual of the LCSWPA. I understand

that if I have any questions or concerns, I may approach my supervisor or the Program Director

at any time.

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

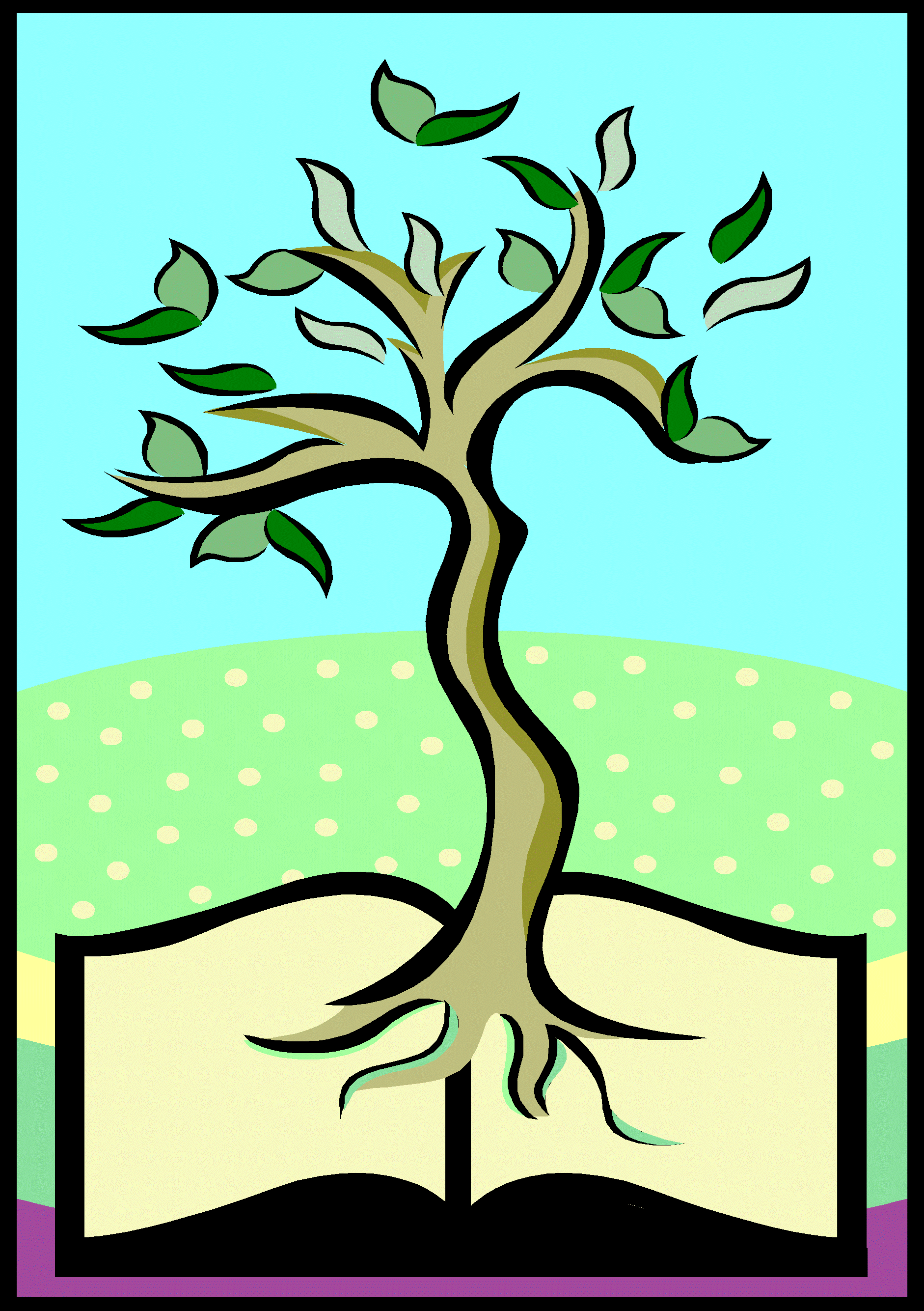
(Signature of Tutor/Volunteer)

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

(Signature of Staff)

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

(Date)



Literacy Council of Southwestern PA

Release of Contact Information to Roster List

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow my contact

(Print name here)

information to be released to the roster list of current tutors so that the other volunteers and staff may use it to contact me. I recognize that my information will not be released outside of this context for any reason without my permission. And I recognize that if I have any questions or concerns, I may approach my supervisor or the Program Director at any time.

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

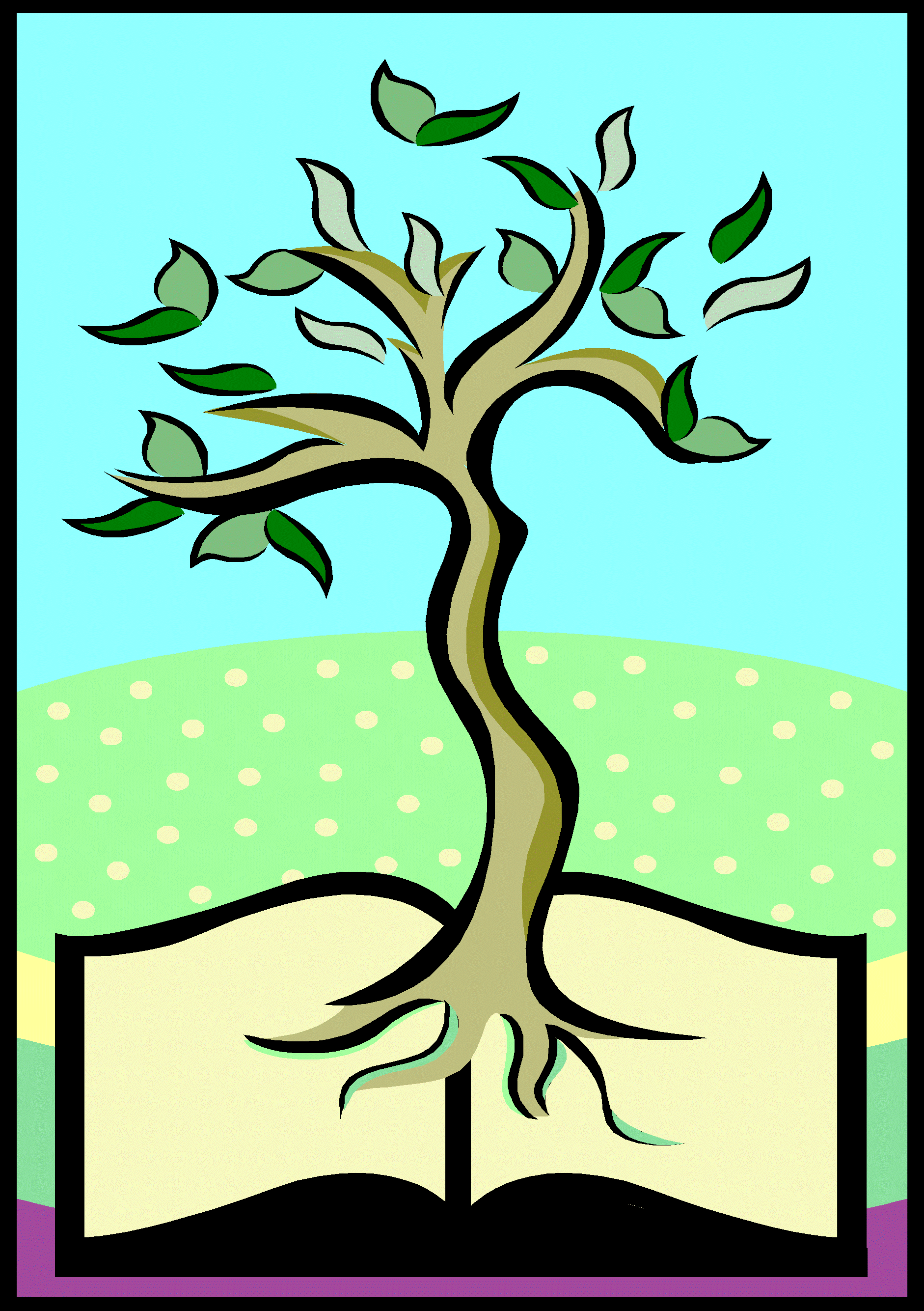
(Signature of Tutor/Volunteer)

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

(Signature of Staff)

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

(Date)



Literacy Council of Southwestern PA

Camera
Release Form for Media Recording

I, the undersigned, do hereby consent and agree that the [Photographer’s Name], its employees, or agents have the right to take photographs, videotape, or digital recordings of me and may use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting the Literacy Council of SWPA. I further consent that only my first name may be revealed therein or by descriptive text or commentary. The Literacy Council of SWPA will never reveal my last name.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

|  |  |
| --- | --- |
|  |  |
| Name |  |
|  |  |
| Address |  |
|  |  |
| Phone |  |
|  |  |
| Witness for the undersigned |  |
|  |  |
| Signature | Date |

Literacy Council of Southwestern PA

Policy Handbook for Volunteers

I. INTRODUCTION

A. Mission

The mission of the Literacy Council of Southwestern PA (LCSWPA) is to empower adults and their families with literacy skills that enable them to lead successful, fulfilled lives as members of our communities.

B. Volunteer/Staff Relations

Volunteers are critical to the success of Literacy Council of Southwestern PA (LCSWPA) and are essential to the organization’s day-to-day operations. A volunteer is anyone who, without compensation or the expectation of compensation, performs a task at the direction of and on behalf of the organization to achieve its mission as set forth above.

Volunteers and paid staff are considered partners in implementing the mission and programs of the organization, each with complementary roles to play. Designated staff members provide orientation, training, supervision, and feedback to volunteers.

C. Equal Opportunity Policy

LCSWPA maintains a policy of equal volunteer opportunity. We recruit, accept, train, promote and dismiss volunteers on the basis of personal competence and position performance, without regard to race, creed, color, religion, gender, sexual orientation, age, marital status or physical/mental disability.

II. VOLUNTEER RIGHTS AND RESPONSIBILITIES

Volunteers are viewed as a valuable resource to LCSWPA, its staff, and its learners. Volunteers shall have the right to be given meaningful assignments, the right to be treated fairly, the right to effective supervision, the right to full involvement and participation, and the right to recognition for work done.

Volunteers shall agree to actively perform their duties to the best of their abilities as outlined in their volunteer job description, to communicate regularly with their staff supervisor, and to remain loyal to the goals, mission, and procedures of LCSWPA.

III. VOLUNTEER PROGRAM PROCEDURES/DEVELOPMENT

A. Application Form

Prospective volunteers are required to complete an application form for consideration in the volunteer program.

B. Interviewing/Screening

Prior to being assigned to their volunteer position, all volunteers will meet with a staff member to ascertain their suitability for, and interest in, the position. This meeting will offer the staff member the opportunity to learn more about the prospective volunteer, and give the prospective volunteer the opportunity to learn more about the organization and the options available. Volunteers will also be given the opportunity to ask any questions they may have about the position.

C. Orientation and Training

All new volunteers will receive a general orientation to the nature and purpose of the agency, all pertinent policies and procedures, and to the work to which the volunteer has been assigned. Volunteers will receive specific training to provide them with the information and skills necessary to perform their volunteer assignment.

All volunteers will have a position description for the work they perform on behalf of LCSWPA.

D. Supervision

Every volunteer will have a clearly identified supervisor who will be responsible for support and direction. The supervisor will be responsible for the management and guidance of the work of the volunteer, and shall be available to the volunteer for consultation and assistance.

E. Feedback and Evaluation

Both LCSWPA and volunteers have the right to request periodic evaluations of the volunteer’s work and progress. Evaluations will include an examination of the volunteer’s performance of position responsibilities and a discussion of any suggestions the volunteer may have concerning the position or volunteer program.

F. Recognition and Other Opportunities

Volunteer service is very valuable to LCSWPA. An annual volunteer recognition event will be held to highlight and reward the contribution of volunteers to the organization.

Volunteers will be made aware of other service opportunities in which they may be interested.

G. Volunteer Records

Records will be maintained on each volunteer within the organization. Confidentiality of personal information is a right of all LCSWPA learners and volunteers. LCSWPA employees will ensure that all information which is confidential or which is not publicly available is kept confidential. Volunteer files are kept in locked file cabinets.

H. Scheduled Volunteer Time/Record of Volunteer Hours

Volunteer sign-in forms will be present at each volunteer program or event. To accurately record volunteer hours, volunteers will communicate with their staff supervisor on a regular basis. Volunteer tutors will submit a monthly progress report of their student(s) to their area coordinator by the fifth of every month.

IV. VOLUNTEER CONDUCT

A. Standard of Conduct

The lasting impression that volunteers make on those they serve and work with reflects directly on all staff, volunteers, and board members of LCSWPA. All words and deeds should reflect the standards of our agency.

B. Absenteeism

Volunteers should do their best to be present and on time for each event or activity for which they are scheduled. When volunteers know that they will be late or absent, they are requested to contact their adult learner and/or their supervisor at least two hours before they are expected.

C. Grievance Procedure

Volunteers and staff are expected to act professionally and in accordance with their position descriptions. When volunteers have a grievance concerning their service, they should report it promptly to their staff supervisor or the program director. We strive to achieve a speedy and effective resolution. If a student or client of LCSWPA has a complaint about a volunteer, the LCSWPA staff will hold discussions with both parties to resolve the situation.

D. Discontinuation of Volunteer Service

If volunteers wish to leave volunteer service for any reason, it is requested that they contact their staff supervisor so that appropriate arrangements can be made. Volunteers have the right to discontinue their volunteer service at any time. LCSWPA has the right to discontinue a volunteer’s service at any time.

E. Media Conduct

The board president, public relations director, and Program director serve as spokespersons for the LCSWPA. Volunteers should not represent themselves as spokespersons for the organization to media outlets unless specifically asked to do so by the board president or one of the authorized LCSWPA staff members listed above or their designee.

F. Alcohol/Drugs

Volunteers, staff, and learners are expected to come to sessions free from the influence of drugs and/or alcohol.

G. Harassment Policy

LCSWPA does not condone or excuse harassment of any kind. The Literacy Council’s policy prohibits discriminating against or harassing volunteers based on any legally protected status which includes but is not limited to gender, sexual preference, religion, mental or physical impairment, age, race, marital status, creed, color or national origin. The Literacy Council will take immediate steps to address complaints of racist and ethnic slurs, or harassment based on age, disability, sexual preference, or any status protected by law.

Our harassment policy includes sexual harassment. Sexual harassment is defined as unwelcome or unwanted sexual conduct; requests for sexual favors; and verbal, nonverbal, or physical contact of a sexual nature that adversely affects the volunteer’s service environment or creates an intimidating, hostile, or offensive volunteer environment. Such conduct is strictly prohibited and will not be tolerated.

Any volunteer who feels harassed should speak to his/her staff supervisor or the Program director in an attempt to reach a solution.

H. Confidentiality

Just as volunteer records are kept confidential, so are the records of our learners. If a volunteer is working with a learner, all learner information is to be treated with the highest level of confidentiality and must not be shared with anyone outside the agency without the learner’s written permission.

V. SAFETY AND LIABILITY

A. Safety

Although LCSWPA does its best to provide safe conditions for volunteers, it counts on volunteers to be the best protectors of their own personal safety.

LCSWPA requires that all volunteer activities be carried out in a public place.

B. Legal Liability

Volunteers agree to assume the risk of any accident or injury to person or property that they may sustain in connection with their participation in LCSWPA activities. In addition, volunteers agree to release and discharge LCSWPA and any of its directors, officers, employees, partners, affiliates and successors from any and all liability or responsibility for any such accident or injury.

Members of LCSWPA’s Board of Directors are covered by Director’s and Officer’s liability insurance.

C. Certificate of Ability

Potential volunteers who indicate that they are under the care of a physician for any physical or psychological ailment that might impede their ability to work may be asked to present a certificate from their physician(s) as to their ability to satisfactorily and safely perform their duties. Any volunteer who, after accepting an assignment with the organization, enters a course of treatment that might adversely impact the performance of volunteer duties should consult with his or her staff supervisor.