



[CLF Volunteer Tutor Application!](#)

Please Fill Out the following Personal Information, then e-mail back to:
info@childrenslifesaving.org

Today's Date: _____

Gender: ___M ___F

Name: _____

E-Mail: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Interests: _____

Languages (Conversational) _____

Emergency

contacts: _____ Phone: _____

Education (Check if completed)

___ High School ___ College ___ Graduate School

Other (Please Explain): _____

Employment Information: (If Applicable) :

Current Employer: _____

Address: _____

City: _____ Zip: _____

Position: _____ Years: _____

May we contact your Supervisor? ___ Yes ___ No

Name: _____ Position: _____
Phone # of Supervisor: _____

References:

Name #1: _____ Relationship _____
Phone: _____ E-Mail: _____

Name #2: _____ Relationship _____
Phone: _____ E-Mail: _____

*Please explain the extent and type of experience you have had working with youth: (i.e.: Tutoring, babysitting, as camp counselor or with any other youth-oriented-service organization)

Schedule: These days Work Best for me:

TUESDAYS 4:30-6:30 pm ___ or: 4:30-5:30pm___ 5:30-6:30pm___
THURSDAYS: 4:30-6:30 pm ___ or: 4:30-5:30pm___ 5:30-6:30pm___

Background Security Information:

-To safeguard the children we serve, The Children's Lifesaving Foundation screens all volunteer applicants. All information is confidential and will not be shared.

Have you ever been arrested?__ Yes ___ No

Do you have any outstanding warrants? ___ Yes ___ No

Have you ever committed any criminal offenses against a minor?
___ Yes ___ No

*Driver's License #: _____ *Date of Birth _____

The Answers I provided are True and complete and I agree to the Above: Signature: X _____

[☺ Thank you for your interest in Volunteering with the CLF! ☺](#)