



Each One Teach One Application Addendum

Thank you for your interest in Each One Teach One! We are passionate about changing the lives of K-12 students through tutoring and mentoring, and hope you'll join our effort.

This packet contains critical information need from you in order to become tutor through Each One Teach One! *Please be sure to read through and complete all materials.* Once completed submit all pages, along with the summary of your online application materials.

Application Checklist

- Complete the EOTO Volunteer Application online**
You must include all information in order to be considered.
- Complete the Request for Child Abuse or Neglect / Criminal Record form**
Complete the sections marked with arrows. Social security numbers are required for background checks.
- Arrange for 1 Volunteer Reference Check forms to be completed**
References can come from anyone: friends, RAs, WUSAs, advisors, professors, employers, and mentors. References can be brief, using the space on the form provided. Submit your completed reference check forms with your other materials.
- Read and sign the Volunteer Commitment Release**
- Sign up for an interview in DUC 150**
The interview is a quick dialogue with a current tutor that will help decide the best suited program.
- Mark your calendar** for the key dates below

Key Dates

	KIPP: Victory	Hawthorn Leadership School For Girls
Application Deadline	Wednesday, September 12th , 5pm Gephardt Institute – DUC 150 by the fireplace	
Individual Interviews	September 13-15th Sign up for a 15-minute interview when you submit your application	
Placement Notification	By September 16th, 7pm	
Training	Sunday, September 16, 2018	
Tutoring Calendar	Tutoring calendars for each program are available for download at: www.gephardtinsttute.wustl.edu/each-one-teach-one	
First Day for New Tutors	Monday, September 17	Tuesday September 18

Questions? We'd love to hear from you!

Gephardt Institute for Civic and Community Engagement
gephardtinsttute@wustl.edu or 314.935.5599
gephardtinsttute.wustl.edu/each-one-teach-one
Danforth University Center 150 (by the fireplace)

Each One Teach One Volunteer Commitment

Each One Teach One is committed to offering an exceptional tutoring experience by delivering high quality training and preparation, transportation, tutor support and strong leadership. We value sustained partnerships, mutually beneficial service experiences, and dedicated volunteers. Our aim is to make a significant impact in the lives of St. Louis youth through our efforts and your commitment. As a volunteer, you will commit to the following responsibilities:

- Volunteer each week for a minimum of one semester
- Attend tutor training at the beginning of each semester
- Be present and engaged with students during tutoring
- Model appropriate behavior that aligns with the values of Washington University, the Gephardt Institute, and the host organization/school
- Notify EOTO Coordinator of anticipated absences at least 48 hours in advance
- Adhere to program-specific attendance policies and understand that excessive absences/tardies may require EOTO Coordinator to ask you to leave the program
- Communicate concerns and ideas to EOTO Coordinator, Day Leaders, Team Leaders, or Gephardt Institute staff
- Participate in continuing education opportunities, periodic tutor/mentor meetings, and other special events
- Support recruitment efforts to identify new EOTO tutors and mentors

I have read and signed the *Each One Teach One Volunteer Commitment Statement* which outlines my responsibilities and the responsibilities of the program:

(Signature)

(Date)

Statement of Personal Responsibility & Release

I have read and signed the *Statement of Personal Responsibility & Release regarding participation in WU Community Service Projects*, and have noted the following:

- Potential dangers, hazards, and risks inherent to Each One Teach One (EOTO)
- Upholding behavior consistent with WU Judicial Code, WU drug and alcohol policy, and all other WU policies
- FERPA consent and authorization for WU to include my name and contact information on EOTO volunteer rosters
- FERPA consent and authorization for WU to release my Each One Teach One application materials to KIPP: Victory Academy and/or Hawthorn Leadership School For Girls

(Signature)

(Date)

SHIP-159F 06/07
Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)					TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered				
IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.									
APPLICANT'S NAME (Last, First, M, Jr., Sr., II)									
MAIDEN NAME				DATE OF BIRTH (MM/DD/YYYY)		STATE OF BIRTH		SEX	RACE
ALIAS NAME(S)					SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS									
STREET		CITY		STATE	STREET		CITY		STATE
Have you ever been found guilty to or been convicted of any criminal act in this state or any state? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.									
DATE		CITY		STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary)			
Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state? <input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.									
DATE		CITY		STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary)			
The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.									
SIGNATURE OF APPLICANT (REQUIRED IN INK)							DATE		
SIGNATURE OF REQUESTOR (Required in Ink)							DATE		
TITLE OF CHILD CARE PROVIDER							TELEPHONE		
STATE AGENCY							STATE VENDOR OR CONTACT NO. (if applicable)		
CHECK APPROPRIATE BOX <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT <input type="checkbox"/> DOH / OCB CHILD CARE BUREAU <input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER <input type="checkbox"/> DMH / DMH VENDOR <input type="checkbox"/> CD CONTRACT PROVIDER <input type="checkbox"/> CD LICENSURE <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> OTHER _____									
COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail							SEND FEE & FORM TO:		
AGENCY NAME: Gephardt Institute For Civic and Community Engagement							Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102		
ATTENTION: Each One Teach One Tutoring Program									
ADDRESS: One Brookings Drive									
CITY, STATE, ZIP CODE: St. Louis, MO 63130-6899									

**STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION IN
WASHINGTON UNIVERSITY COMMUNITY SERVICE PROJECT
(for students aged 18 or older only)**

1. I, _____, am a student at Washington University (the "University").
2. I wish to participate in a University Community Service Project entitled: Each One Teach One ("Student Event") which takes place at charter schools in St. Louis city or and/or at Washington University in St. Louis organized by the Gephardt Institute for Civic and Community Engagement. I understand that I am not required to participate in this Student Event, but am voluntarily doing so, despite the potential dangers and risks (as described in more detail below) and despite this Release.
3. I understand and appreciate the dangers, hazards and risks inherent to the Student Event, including but not limited to transportation to, from, and around the Student Event area; natural disasters; inclement weather; heat exposure; riots; dangers associated with construction areas; accidents; illnesses; crimes; and any risks associated with independent activities I undertake as an adjunct to the Student Event, all of which could include serious or even fatal injuries or property damage or loss. I also understand that I may visit a culturally diverse area in connection with the Student Event where I may encounter unwelcome activity such as inappropriate or uninvited verbal remarks and agree to conduct myself in a respectful manner and to avoid confrontation. I further understand that the University, including the individuals acting on its behalf, cannot and does not assume responsibility for such events or personal injuries or property damage arising there from even if such injury or damage is a result of the negligence of the University or other parties released.
4. Knowing the dangers, hazards and risks of the Student Event, and in consideration of being permitted to participate in it, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my participation in the Student Event and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the "Releasees") from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees with regard to the Student Event. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Student Event.
5. I understand that I am expected to behave in a manner consistent with the Washington University Judicial Code, the Washington University Drug and Alcohol Policy, and all other applicable University policies. I understand that the use or possession of any illegal drugs, including marijuana, can have very grave consequences, including arrest and imprisonment. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Student Event.

6. I am aware of my own personal medical needs and state that there are no health-related reasons or problems that preclude or restrict my ability to participate safely in the Student Event. I assume all risk and responsibility for my medical needs, and understand and agree that if I must be hospitalized or otherwise receive medical care; the University cannot and does not assume legal responsibility for payment of such costs. I hereby grant permission to the Releasees to authorize emergency medical treatment for me, and understand and agree that neither the University nor any of the other Releasees assume any responsibility for any injury or damage that may arise out of or in connection with such authorization.
7. FERPA CONSENT: I consent and authorize Washington University in St. Louis to release education records and information, including but not limited to my Each One Teach One volunteer application packet, to any and all Each One Teach One program partners where I am tutoring or applying to tutor. Specifically, I authorize the Gephardt Institute for Civic and Community Engagement to release and disclose such records and information for the purpose of reviewing volunteer applications, submitting background checks, and maintaining rosters. I also authorize the Gephardt Institute for Civic and Community Engagement to include my name and contact information on volunteer rosters distributed to Each One Teach One leaders and volunteers. I understand that under the Family Educational Rights and Privacy Act, 20 USC 1232(g): (1) I have the right not to consent to the release of my education records; and (2) I have the right to receive of copy of those records upon request. This FERPA Consent shall remain in effect until revoked by me, in writing, and delivered to the Director of the Gephardt Institute for Civic and Community Engagement at Washington University in St. Louis, Campus Box 1059, One Brookings Drive, St. Louis, MO 63130. I understand that any such revocation shall not affect disclosures made prior to the University's receipt of my written revocation.
8. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.
9. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

**THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

ACCEPTED AND AGREED:

(Signature)

(Date)

(Printed Name)

Volunteer Reference Check

_____ has applied for volunteer service with Each One Teach One. Your name was listed as a reference, and we have been authorized to communicate with you. It will be helpful to receive the following information that will be treated confidentially.

- 1) How long have you known the applicant?
- 2) In what capacity do you know the applicant?
- 3) In your opinion, would this individual be a responsible and reliable participant in our school volunteer program?
- 4) Are you aware of any physical or emotional conditions that might be considered of potential difficulty?
- 5) Can you comment on the strength of this applicant?
- 6) Weakness?
- 7) On a scale of 1 to 5 (5= outstanding), please give your honest and fair appraisal of this candidate's ability to meet the following criteria.

	Poor			Outstanding			
	1	2	3	4	5	Unable to evaluate	
Leadership	1	2	3	4	5	Unable to evaluate	
Initiative	1	2	3	4	5	Unable to evaluate	
Responsibility	1	2	3	4	5	Unable to evaluate	
Maturity	1	2	3	4	5	Unable to evaluate	
Communication	1	2	3	4	5	Unable to evaluate	
Enthusiasm	1	2	3	4	5	Unable to evaluate	
Cultural Sensitivity	1	2	3	4	5	Unable to evaluate	
Potential for working with at-risk youth	1	2	3	4	5	Unable to evaluate	

- 8) Any other comments or information you think might be helpful will be greatly appreciated.

Signature

Date

Printed Name

Address

City/State/Zip

Thank you for your assistance!

Please return completed form to the prospective volunteer.
You may enclose the form in a sealed envelope if you choose.