

Literacy Volunteers of Bastrop

Volunteer Tutor Responsibilities

- Purpose To help adults and minors acquire basic reading and writing skills to meet self-identified personal goals.
- Training Pre-service basic literacy tutor workshop is required (can be arranged one-on-one with Program Director). Participation in additional informal training throughout the year is suggested. Training is offered free of charge by LVB.
- Locations Tutors meet students in the classroom, LVB offices or a neutral place in the community (such as the library). Volunteers must not plan to meet at a private home or provide student transportation in their private vehicle.
- Hours The volunteer tutor and student should meet once or twice weekly for one to two hours each time. Meeting time and place are to be determined by the tutor and student. Tutors may also work in GED or ESL class under the direction of a licensed teacher.

Volunteer Duties

Provide encouragement and support by:

1. Helping the student develop confidence and a positive attitude toward learning by affirming their efforts and progress
2. Showing respect for the student by listening to what he or she has to say and by involving him or her in decisions about the learning process
3. Working with LVB staff (and licensed teacher, if applicable) to select materials and approaches that are suitable to the student's skill level and needs
4. Being supportive rather than critical of mistakes
5. Meeting regularly and punctually

Volunteer Qualifications

Successful tutors are:

1. Dependable and prompt
2. Interested in helping others
3. Willing to maintain their student's privacy (lessons are confidential)
4. Able to read fluently and with comprehension (professional training is unnecessary)
5. Flexible, friendly, patient and optimistic

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Volunteer Application Form

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Person to contact in case of emergency: _____

Relationship: _____ Phone: _____

Current Employment Status:

- Employed
- Retired
- Student
- Other

Availability:

What day(s) are you available?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Subject You are Interested in Teaching: _____

Background/Experience in Subject: _____

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity. I certify that I have and will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentation or omission may be cause for my immediate rejection as an applicant or termination as a volunteer with LVB.

Signature of Applicant: _____ Date: _____

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LVB Confidentiality Agreement

LVB is committed to the safety and welfare of its students, staff, and volunteers. Please read this statement carefully as you will be asked to sign it at the beginning of volunteer service. It will also be updated annually as long as you are a volunteer with us.

Confidentiality is defined as the assurance that access to information regarding any student, staff, or volunteer will be strictly controlled, and that any violation of such control will be a breach of faith. Confidential information will include but is not limited to:

- Communications, information and observations made by and between or about students, staff, volunteers, and board members
- Addresses of employment, residence, and family addresses and phone numbers of students, staff, volunteers, and board members
- Names of students, staff, and volunteers unless written permission is provided by the individual and approved by the President of the Board of Directors
- Photographs taken of students, staff, or volunteers unless a written release is attached

Staff and volunteers must never release confidential information in any form about LVB and its students without the express permission of the President of the Board of Directors or Program Director. This includes release of information to board members, family members, community supporters, or other interested parties.

I have read LVB Confidentiality Agreement and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me as I serve as a volunteer and continue to be binding on me when I leave LVB, and that a violation may be grounds for immediate termination of volunteer and possible civil liability.

Volunteer Signature: _____ Date: _____

Printed Name: _____

Director Signature: _____ Date: _____

Printed Name: _____

Literacy Volunteer of Bastrop

Release of Liability for Volunteers

LVB is unable to assume any liability on behalf of volunteers. Please read the following statements releasing LVB from liability and indicate your understanding by your signature below.

Liability Release

I AGREE to respect the person's privacy and possessions of the students, staff, and volunteers of LVB.

I RECOGNIZE that I alone am responsible for my safety and health, the safety and health of my children, and the safety and health of any other persons of whom I come in to contact with relating to LVB. I alone am responsible for my (our) possessions.

In respect to the services provided by LVB to me and to those of whom I come in to contact with relating to LVB, I UNDERSTAND that LVB assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor any illness, damage, or inconvenience sustained by me, my children, or others of whom I come in to contact with relating to LVB.

I AGREE to hold LVB, its staff, employees, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those of whom I come in to contact with relating to LVB.

By signing below, I certify that I have read and understood the above release of liability.

Volunteer Signature: _____ Date: _____

Printed Name: _____

Director Signature: _____ Date: _____

Printed Name: _____



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VerIFIYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)