

# Moorpark City Library

## Golden Grades Tutoring Application

Moorpark City Library offers after-school homework assistance to local K-8<sup>th</sup> grade students through our Golden Grades Tutoring program. Tutors help students achieve success by assisting them with homework assignments and test preparation, building their confidence and strengthening their skill acquisition. Tutors work under the supervision and direction of Moorpark City Library's Young Adult Librarian.

### Golden Grades Tutor Responsibilities

- Assist students grades K-8 in understanding concepts in all subjects.
- Promote literacy in younger students through the Reading Buddies program.
- Maintain confidentiality of student records and personal information.

### Golden Grades Tutor Requirements:

- Must be currently enrolled in high school (grades 9 through 12).
- Must have an overall GPA of 3.0 or higher.
- Must abide by the Attendance Policy.
- Must have reliable transportation to and from the library.
- Must attend orientation at the library before beginning work as a tutor.
  - The next orientation will take place on \_\_\_\_\_ and will cover library policies, emergency procedures, and tutoring techniques.

### Attendance Policy:

Golden Grades Tutoring takes place from **4 PM to 6 PM on Tuesdays and Thursdays** throughout the school year, barring school holidays and library closures. Tutors can sign up to work either Tuesdays or Thursdays and **must commit to attending every week for a full semester.**

Additionally, Tuesday session tutors may volunteer as **Reading Buddies**. Reading Buddies provide a listening ear and encouragement to younger children who are just beginning to read aloud, encouraging early literacy.

- **Commitment to Reliability:** As a tutor in the Golden Grades Tutoring program, your reliability directly impacts the educational experience of the students you assist. We expect all tutors to adhere strictly to their committed schedules.
- **Policy on Absences:** We understand that emergencies and unforeseen circumstances can occur. In such instances, we expect tutors to notify the program coordinator at the earliest convenience. Tutors are allowed up to two unexcused absences per semester. Exceeding this limit may result in dismissal from the program to ensure that we can provide consistent and dependable support to our students.
- **Definition of Unexcused Absences:** An absence is considered unexcused if it occurs without prior notification and valid justification. Absences due to emergencies or significant personal matters can be discussed with the program coordinator for potential excusal.
- **Notification Requirements:** If you anticipate being unable to attend a scheduled tutoring session, please inform the Young Adult Librarian via email at least 2 hours in advance. This allows us to make necessary adjustments and maintain the quality of support offered to our students.

## Moorpark City Library Golden Grades Tutoring Application

**I am registering for time slot of:**

- Tuesdays, 4 – 6 PM (Tutor & Reading Buddies)     Thursdays, 4 – 6 PM (Tutor only)
- I attest that I will attend each tutoring session to the best of my ability, barring school closures, library closures, or emergencies, and will give proper notice if I am unable to attend.
- I attest that I have regular, reliable transportation to and from the library.
- I attest that I am currently enrolled in high school and have a current GPA of 3.0 or higher.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign and return to Moorpark City Library along with proof of GPA**

# CITY OF MOORPARK VOLUNTEER REGISTRATION FORM

**PLEASE TYPE OR PRINT NEATLY.**

Name: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**INFORMED CONSENT AND RELEASE:** I, the undersigned, in consideration of the request and permission to participate in the Moorpark Volunteer Program, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the referenced activity. *PLEASE NOTE: No medical insurance or insurance coverage of any kind is provided by the City of Moorpark. The City of Moorpark strongly recommends that each participant have some type of accident medical insurance for his/her own protection.*

**The City of Moorpark DOES NOT provide Workers' Compensation coverage for event volunteers, including student volunteers participating in the Moorpark Unified School District Community Service Learning Program or any other agency, business or organization volunteer program.**

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT OF MINORS:** I, the undersigned parent or guardian, hereby grant the City of Moorpark and agents thereof, permission to summon 911 in the event that the referenced child may require advanced first aid or medical treatment. I further grant permission to transport my child to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat my child if such treatment is reasonably required.

**PARENT OR GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER 18 YEARS OF AGE.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_