



TutorsForChange Volunteer's Enrollment Form

Volunteer Information

Volunteer's Name: _____ Gender: _____

Current School: _____ Grade as of 09/01/2020: _____

Area interested in Tutoring: Math English Other _____

Time available after COVID-19 outbreak: Sundays 2:30pm-4:00pm

Phone Number: _____ Email Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Volunteer: _____

Home Address Zip Code: _____

Phone Number: _____ Email Address: _____

Your contribution to SDAAFE: Board Member Voting Member Donor Volunteer N/A

Are you willing to donate to SDAAFE? Yes No

I understand that I will serve at least 4 continuous sessions during 2020-2021 school year to make a positive impact on those students in need after the first trial. **Volunteer initials:**

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:**

Volunteer Signature

Date

Parent/Guardian Signature

Date