



## **City of Refuge Athens**

### **Volunteer Application for Afterschool Tutor Program**

565 Tallassee Road  
Athens, GA 30606  
(706) 207-2874  
cityofrefugeathens@gmail.com

#### **Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Education**

High School: \_\_\_\_\_  
Graduated? \_\_\_\_ yes \_\_\_\_ no If yes, when? \_\_\_\_\_  
College: \_\_\_\_\_  
Graduated? \_\_\_\_ yes \_\_\_\_ no If yes, when? \_\_\_\_\_  
Degree(s) obtained: \_\_\_\_\_  
What skills do you possess that qualify you for this opportunity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_

#### **General Information**

Do you currently volunteer for any organizations? If yes, where? \_\_\_\_\_  
Why do you want to be involved in the Afterschool Tutor Program at City of Refuge Athens? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What days of the week are you available?** \_\_\_\_\_

## **Emergency Contact Info**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand that this volunteer opportunity is conditional on a criminal history background check and a check of my references and employment if applicable. I authorize City of Refuge Athens to thoroughly investigate all statements contained in my application and I authorize my employers and references to disclose information regarding my employment, character, and general reputation to City of Refuge Athens, without giving me prior notice of such disclosure. In addition, I release City of Refuge Athens, any employees, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Printed Name: \_\_\_\_\_

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

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

## **Tutor Program Information**

- Monday -Tuesday, 3:00pm-5:00pm
- Program operates on the same schedule as CCSD
- For more information about the program, contact Geoff Rushing, 706-207-2874