



I.M.P.A.C.T. Team Application

NAME: _____ DATE: _____

MAIN PHONE: _____ EMAIL: _____

ADDRESS: _____

BIRTHDAY: _____ REFERRED BY: _____

I AM A: 1. CURRENT STUDENT AT _____ CLASS OF _____
OR
2. ALUMNI OF _____

MAJOR: _____ MINOR: _____

ARE YOU A FIRST GENERATION COLLEGE STUDENT? YES NO

RESPONSIBILITIES INCLUDE:

1. Write a weekly email response to the Site Director within 24 hours of the weekly meeting as described in the STAR Tutor Handout.
2. Make a weekly phone call to your student(s).
3. Notify the Program Manager or Site Director beforehand of any circumstances that prevent the fulfillment of your weekly tutoring commitment.
4. No use of illegal drugs.
5. No use of alcohol on the day of a program that you will be attending.
6. Never talk about drugs, alcohol, or negative behaviors to students in a positive way.
7. Never use language that a student's parents or the Site Director would deem inappropriate.
8. Complete and sign the Reality Changers "Safe Driver" Contract and include a copy of Proof of Auto Insurance (that includes passenger liability coverage) and your driver's license if you plan to transport students to and from program activities.
9. Be punctual to all tutor meetings.
10. During study time, always make sure that your student(s) has work to do – alert the Site Director immediately if your student claims to not have homework.
11. Commit to bring drinks or dessert at least one time per fall/spring semester.

A FEW QUESTIONS...

1. Please describe what you are currently doing in life (work, school, other projects) and the responsibilities that go along with them.
2. Where have you lived? (This information can help us connect certain students interested in a certain region with your knowledge of that area!)
3. In terms of tutoring, what subjects do you feel are your best strengths?
4. Members of Reality Changers are expected to live up to very high expectations, as explained in the RC Constitution and Declaration of Purpose. A) As a tutor and role model, will you be able to uphold these expectations as well? B) Is there anything that you disagree with?

A)

B)
5. Reality Changers is a faith-based organization, open to all ethnicities and religious backgrounds. As much as you are comfortable, please describe your faith below.

6. Why do you want to work with the students here at Reality Changers? What impact do you hope to have on them?

7. During the 2007-2008 school year, our theme was How to Be A Hero. Who is your hero and why?

8. What are the talents or skills that you would like to share with the program leadership? (ie, music, computer, funny talents, languages, etc.) Please specify any languages that you speak proficiently.

9. Are you interested in joining RC on our community service activities (usually on the weekends)? Do you have any ideas of such activities for the group?

10. Have you ever been convicted of a felony, including the abuse or sexual abuse of a child? YES NO
If Yes, please explain.

11. Members of Reality Changers promise not to use alcohol or drugs. Have you used either before? If no, write "no". If yes, this answer will remain confidential. All tutors must be drug-free and not consume alcohol on days when participating at program events.
Type of Alcohol Frequency 1st time/Last time

Type of drug Frequency 1st time/Last time

12. Are you trained in CPR? Would you like to be?

13. Do you have any other certifications? (ie, lifeguard, TESL/TEFL, etc.)

14. Reality Changers is very oriented around goals and how to overcome obstacles. The students will likely ask you about such goals or how you overcome/overcame certain obstacles. Where do you see yourself in 4 years? (with school, your faith, your family, etc.)

What obstacles have you had to overcome to get where you are? How did you overcome them?

15. Is there anything else that we should know about you?

I, _____, give permission to be filmed or photographed at any Reality Changers event and I understand that any photography or videotape may be used at the discretion of Reality Changers for publicity purposes.

YES

NO

I hereby affirm that the information given by me on this volunteer application is complete and accurate. I understand that any falsification of information on this application is immediate grounds for dismissal. I have read and affirm as my own the above statements.

SIGNATURE

DATE

SAFE DRIVER CONTRACT



Licensed drivers at Reality Changers who sign this contract are acknowledging the immense trust that is being bestowed upon you. The lives of the program's most important assets, its students and tutors, are literally being placed in your care.

The purpose of this contract is simply to reinforce the importance of safe driving. We – the students, tutors and supporters- have invested a lot of time, energy and money into the advancement of the program and by driving you are asked to protect it.

Please initial by each statement that is true.

- _____ 1) *I have a valid state driver's license that allows for the transportation of passengers.*
- _____ 2) *I have a valid car insurance that covers the medical liability of the passengers in my vehicle*
- _____ 3) *I promise to be the safest driver possible, especially when Reality Changers students and tutors are passengers in my vehicle.*
- _____ 4) *I will follow the speed limit and all other traffic laws.*
- _____ 5) *I will make sure that all passengers fasten their seat belts upon entering my vehicle.*
- _____ 6) *Passengers will be dropped off at their respective homes, unless having prior notification and parental consent.*
- _____ 7) *If picking up or dropping off a passenger for the first time, I will introduce myself to the student's parents or guardians.*

Print Name

Sign Name

Date



VOLUNTEER REGISTRATION & MEDICAL CONSENT FORM

___ Me gustaría esta información traducida
al español antes de completar la forma.

Volunteer Name _____ Birthday _____ - _____ - _____ Sex ___ Ht. ___ Wt. ___

Address _____ City _____ State ___ Zip _____

Home Phone _____ Cell _____ Work _____

Volunteer Social Security # _____ - _____ - _____ Email _____

Insurance Carrier _____ Policy # _____

Name of Emergency Contact _____ Phone # _____

Are there any medical conditions or physical limitations that we should know about you? Yes / No

If yes, please explain: _____

I understand that I may be videotaped and/or photographed at Reality Changers: Agentes de Cambio (here after known as "Reality Changers") and I authorize Reality Changers to post these photos on the Reality Changers website, newsletter, any other promotional material, and any other way that the organization deems fit.

I authorize the use of generic, over-the-counter medications as directed by the labels provided by the manufacturer for myself while attending this program and its related activities. I also authorize the executive director of Reality Changers or appointed agents to administer to me random drug tests for the protection of the students in the program.

I have requested Reality Changers, Iglesia Presbiteriana Hispana, Solana Beach Presbyterian Church, Copley Family YMCA, the Presbytery of San Diego, and its agents and officers to allow me to participate in any and all activities, including but not limited to the transportation to and from these events. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my participation in these activities can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Reality Changers, Iglesia Presbiteriana Hispana, Solana Beach Presbyterian Church, Copley Family YMCA, the Presbytery of San Diego, and its agents and officers from any and all claims or liability from personal injury or property damage that I may suffer while participating in these activities; including, but not limited to, any claim arising out of any condition of the premises at which the activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby hold harmless Reality Changers and the officers, agents, and employees of the program for any negligence of the program, its officers, agents, or employees.

I agree to release, hold harmless, defend, indemnify, and forever discharge Reality Changers and each and every one of its employees, officers, directors, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any and all of them who might be liable ("the released parties") from any and all causes of actions, suits, claims, demands, or any other damages or costs associated with any past, current, or future actions taken by the released parties relative to the health, sickness, well-being, loss of services, property damage, death or injury, and treatment of myself. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any past, current, or future sickness, and treatment and the released parties. I represent and acknowledge that I have read and have understood this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I have read and understood this entire form and by signing below agree to the terms herein.

If I do not agree with a particular portion of this registration and consent form, I will state so in my own writing on the back of this very form.

Signature of Volunteer _____ Date _____