



Tutoring & Mentoring Program

Philosophy, Goals, and Objectives

The purpose of the Community Service, Inc. Tutoring and Mentoring Program is to promote academic success in reading, English/writing, and mathematics. The program provides positive learning experiences for youth through mentoring and tutoring services at no charge to the student or the family.

CSI Tutoring and Mentoring AmeriCorps members will serve students by providing three hours per week of direct tutoring with each student. Students may seek tutoring in any focus area or a combination of areas. Sessions may occur at the CSI office, schools, or public facilities approved by the program director. Students who currently struggle with reading, math, and English/writing should benefit from this service. In addition, students are provided with quality and sustained mentoring services.

AmeriCorps tutoring and mentoring members will use the SPARK (Supportive Peers as Resources of Knowledge) program as a guide to their tutoring and mentoring service. Depending on the students' needs, additional resources may also be utilized for academic enhancement such as the Khan Academy.

Our goal is to serve at least 125 students in grades 3-12 each year. The program is available throughout the year. The tutor/mentor will work with the parent/guardian to develop a schedule that encompasses at least 3 hours of tutoring per week. Tutoring sessions may occur at any CSI office location or public venue that has been pre-approved by the program director. Sessions are never allowed to be conducted in the home of a student or the home of a tutor/mentor.



Once accepted into the program, the parent will be contacted by their assigned mentor/tutor for an orientation. Tutors/mentors have varying availability which will range from Sunday through Saturday from 8a.m. to 8p.m. A schedule will be developed during orientation with the parent/guardian and tutor/mentor. CSI tutor/mentors have been thoroughly vetted and have passed a FBI criminal background check, national sex offender registry check, child maltreatment registry check, adult abuse registry check, and drug screening.

A minimum of a three-month commitment is required before starting the program.

The program will start Oct. 2, 2021 and continue through Sept. 30, 2022. Parents must submit a completed enrollment packet to Melanie Ewing via fax at 479-967-2775, email mewing@csiyouth.com or mail at Melanie Ewing, CSI Tutoring/Mentoring Program, 1505 S. Oswego Ave, Russellville, AR 72801. **Submittal of enrollment packet does not guarantee placement. There are a limited number of slots available in each location.**



Tutoring and Mentoring Program Enrollment Form

Student's Name: _____
First _____ Middle Initial _____ Last _____

Address: _____

City: _____ State _____ ZIP _____ Date of Birth _____

Parent/Legal Guardian: _____ Relationship: ☐ Mother ☐ Father ☐ Legal Guardian

Primary Phone Number (____) _____ In case of Emergency Call: (____) _____

Place of Employment: _____ Work Phone Number (____) _____

Parent Email Address: _____

Grade Level: _____ Full Name of School: _____

Ethnicity: ☐ African American ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Native-American ☐ Pacific Islander ☐ Other

Gender: ☐ Female ☐ Male ☐ Other Please list any special needs you anticipate your child will have while participating in the program. Include **medications, allergies and any disability we should be made aware.** _____

Tutoring Requested in (Check all that apply)

☐ Math Current Subject _____ Teacher _____ Report Card Grade _____

☐ Reading Current Subject _____ Teacher _____ Report Card Grade _____

☐ Writing Current Subject _____ Teacher _____ Report Card Grade _____

Student Hobbies/Interests Include _____

HEALTH CONDITION

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Community Service, Inc. I hereby give permission to the medical personnel selected by said representatives to secure any medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/ Guardian Initials _____

MEDIA RELEASE - I hereby give Community Service, Inc. permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

Parent/ Guardian Initials _____

I, the parent/legal guardian of the above named youth, give approval for participation in the Community Service, Inc. AmeriCorps Tutoring and Mentoring Program. I assume all risks of injury whatsoever and agree to hold harmless Community Service, Inc., from claim(s) of any nature arising from any activity, including transportation, connected with the facilities or program. This hold harmless agreement includes, but is not limited to any claim due to injury proximately resulting from negligence of Community Service, Inc., its employees, agents, participating agencies, and volunteers. I consent to Community Service, Inc communicating information regarding my child's participation via the internet.

Parent/Guardian Signature _____ Date _____

Print Name: _____

Tutoring and Mentoring Program School Release Form

Student's Name: _____
First Middle Initial Last

Grade Level: _____ Full Name of School: _____

I, the legal guardian of the above mentioned student, authorize Community Service, Inc. and its AmeriCorps members to provide mentoring and tutoring services to my child. Activities may include having lunch (at their own expense) with my child on school grounds, and meeting with my child (as allowed by school policies) during activity periods. Community Service, Inc. and its AmeriCorps members will not be allowed to check out my child from school or take them off school property.

I also authorize teachers and other school personnel to talk about my child's academic and behavioral performance at school with Community Service, Inc. and its AmeriCorps members. This includes sharing test scores, report card scores, attendance records and any disciplinary measures taken by the school.

This authorization is in effect until I, the legal guardian, notify the school of the termination of this agreement. This agreement can be terminated at any time with a signed and dated written statement provided to the school district.

Parent/Guardian Signature _____ Date _____
Print Name: _____

Tutoring and Mentoring Program

Since the Community Service, Inc. (CSI) Tutoring and Mentoring Program has limited enrollment, it is important for all students and their families to understand the commitment required for the program.

- I understand that once accepted into the program a commitment of three hours a week will be required for at least 90 days.
- I understand that transportation to mentoring/tutoring sessions is the responsibility of the student's family.
- I understand that a commitment of at least three months is required for acceptance into the program.
- I understand that CSI does not charge for this service, and I will not be asked for payment for participation.

Signature of Parent	Date	Printed Name of Parent
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Signature of Student	Date	Printed Name of Student
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