



Community Service, Inc. (CSI) Tutoring and Mentoring Program is for students ages 10-18. The program is funded by the Corporation for National and Community Service. **Students enrolled in the program and their families are not charged for participation.**

Tutoring is available in math, reading and writing. Students may seek tutoring in any focus area or a combination of them. Students and parents must commit to the student spending at least five hours a week with their assigned tutor/mentor. At least three of those hours will be tutoring hours, and at least one hour will be a mentoring hour. **A three month minimum commitment to the program must be made before a student will be placed with a mentor/tutor.**

Mentoring will consist of a variety of activities devoted to helping the student build a solid foundation for success by allowing the student to talk about issues arising in their lives with their 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.

The program will start Oct. 6, 2018 and continue through June 28, 2019 and is available in Conway, Faulkner, Johnson, Pope, Van Buren and Yell Counties. Once accepted into the program, the parent will be contacted by their assigned mentor/tutor for an orientation. The student and parent must attend the orientation, which will last approximately one hour. The tutor/mentor will go over the times they are available and create a schedule that is mutually agreeable. **All transportation of the enrolled student is the responsibility of the parent.** CSI tutor/mentors are not allowed to transport participants at any time.

Tutoring/Mentoring sessions may occur at CSI offices, schools, public libraries and other approved public venues. Tutor/Mentors are not allowed to do tutoring/mentoring sessions in their homes or in the homes of their assigned students.

Parents must submit a completed enrollment packet to Jamie Higgins via fax at 501-354-5410, email jhiggins@csiyouth.com or mail at Jamie Higgins, CSI Tutoring/Mentoring Program, PO Box 679, Morrilton, AR 72110. **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 _____ Current Grade _____

____ Reading Current Subject _____ Teacher _____ Current Grade _____

____ Writing Current Subject _____ Teacher _____ Current 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 Commitment Form



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 five hours a week will be required.
- 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

Signature of Student Date Printed Name of Student

