



Experience Corps Marin



Dear Prospective Volunteer,

Thank you for your interest in AARP Foundation Experience Corps Marin (EC Marin), an award winning national program whose focus is to increase the reading and writing skills of children in Kindergarten through Third Grade. The program recruits adults 50 or older and places them in elementary classrooms to tutor and mentor children in our community. EC Marin increases student academic performance and enhances the well-being of volunteers.

EC Marin currently serves at two schools in Novato - Hamilton Elementary and Loma Verde – and seven San Rafael elementary schools - Bahia Vista, Coleman, Laurel Dell, Short School, San Pedro, Sun Valley and Venetia Valley.

To assure a successful experience for volunteers, students and teachers, tutors are trained and receive on-site support throughout the year. EC Marin has a Site Coordinator at each school who works individually with tutors to trouble shoot problems and cheers them on through their successes.

The following steps must be completed to become an EC Marin tutor.

- Fill out the volunteer application and emergency contact information, then return them in the enclosed pre-addressed envelope or by email.
- Meet with the EC Marin program manager and a site coordinator to determine if this volunteer activity is a good match for you. We will also arrange some classroom visits so you can assess which situation suits you best.
- Get TB and fingerprinting clearances. During the intake meeting, you will be provided with forms and information to complete these tasks, as well as how to be reimbursed.
- Attend an Orientation and two literacy trainings. (You may start volunteering after Orientation.)

We look forward to working with you to help us improve the learning experience for at-risk children in Marin.

Please do not hesitate to contact me with any concerns or questions. You may also find helpful information on our web site – www.ec4marin.org. Thank you again for your interest.

Sincerely,

Ingrid

Ingrid Sigarreta
Program Manager
isigarreta@ncphs.org

AARP Foundation Experience Corps Marin
501 Via Casitas, Greenbrae, CA 94904 | 415-464-1767 | www.ec4marin.org



Member Application & Emergency Information

Today's Date _____

CONTACT INFORMATION

Name _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

How did you hear of the Experience Corps Marin Program (please be specific)?

YOUR AVAILABILITY

Check how much time you would like to volunteer. (We require at least 2 hours/week.)

10-15 hours/week 5-10 hours/week 2-4 hours/week

What days and times are you available? (Please include morning and afternoon hours)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

SCHOOLS where we tutor (if you know where you'd like to tutor, please check those school(s)):

Novato: Hamilton Loma Verde

San Rafael: Bahia Vista Coleman Laurel Dell San Pedro

Short Sun Valley Venetia Valley

Check the **GRADE(S)** you are interested in tutoring:

Kindergarten 1st 2nd 3rd

Check the **TUTORING SITUATION(S)** you are interested in:

One-on-one Small group Assisting Across an Entire Class

When can you start? _____

YOUR EXPERIENCE (*Volunteering does not depend on education, job experience or prior experience with youth.*)

Highest level of education completed: _____

Primary language(s) spoken: _____

Names of possible other new volunteers: _____

List or describe your past work experience:

List or describe any previous experience you have had with youth or volunteer groups (i.e. clubs, churches, service groups):

Do you have any special skills, talents, or interests?

Why do you want to volunteer with Experience Corps Marin tutoring children?

YOUR REFERENCES

Please list two references (*They should be people who know you well. They do not need to be job-related.*)

Name: Daytime phone # and email: Relationship/How long?

1.

2.

Have you ever been convicted of a crime? Yes No

If "Yes," please describe the circumstances of the conviction (use additional paper if necessary). If the criminal background check reveals any conviction(s) that you did not disclose in this application, your failure to disclose the convictions will result in termination from the program.

As an Experience Corps volunteer serving school age children, I consent to any necessary **health screening** (TB test), **criminal background check** (fingerprint clearance), and **reference check** to ensure the safety and well-being of our children.

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that during the course of my association with Experience Corps my personal information may be shared with program partners for volunteer placement purposes. I authorize Experience Corps to disclose this information with program partners.

Signature of Applicant

Date

✉ Please mail this application and your Emergency Information to ✉

Experience Corps Marin
501 Via Casitas
Greenbrae, CA 94904
Attn: Ingrid Sigarreta, Program Manager

Or email it to isigarreta@ncphs.org

Emergency Information

Your Name: _____

Personal Physician: _____

Physician's Phone Number: _____

Medical Coverage: _____

Please indicate any illness, allergies, or medications we should be aware of:

IN CASE OF EMERGENCY NOTIFY

Name: _____ Relationship: _____

Phone Number: _____

OR

Name: _____ Relationship: _____

Phone Number: _____