



READING EXCELLENCE AND  
DISCOVERY FOUNDATION

**2009-2010 School Year Application (Community Service)**

READ serves at-risk first grade and kindergarten students by recruiting and training teens to provide structured one-to-one tutoring in reading.

READ tutors will report directly to READ Teachers and Site Coordinators. Tutors are expected to maintain a professional and respectful relationship with Lead Tutors, fellow tutors, students and school staff.

**READ operates under contract with the New York City Department of Education (NYCDOE). The NYCDOE requires that we have social security numbers on file for everyone who works with DOE children, including volunteers.**

**To Be Considered a READ Tutor You Must:**

- Provide community service by volunteering for 3 or 4 days per week for 15 to 20 weeks
- Submit all required documentations at scheduled training
  - **(School Report Card, Parent Consent Form, Social Security Number)**
- Actively participate in the entire READ training workshop (2.5 hours)
- Arrive on time to all scheduled tutoring sessions and trainings
- Maintain good academic standing
- Be a positive role model for students

Name of Applicant/ Child: \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I understand that my child is applying for a volunteer position as a READ tutor. READ operates under contract with the New York City Department of Education (NYCDOE). The NYCDOE requires that we have social security numbers on file for everyone who works with DOE children, including volunteers. If selected, my child will be expected to:

- Provide community service by volunteering for 1.5 hours after school 3 or 4 days per week for 15-20 weeks
- Submit all required documentation at scheduled training
  - **(School Report Card, Parent Consent Form, Social Security Number)**

He /She will submit all appropriate documentation at scheduled training. I commit to supporting my child in fulfilling this commitment if he/she is selected.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDIA RELEASE FORM**

I, \_\_\_\_\_, give my permission and consent to the Reading Excellence and Discovery Foundation, its employees, affiliated entities, partners and financial supporters (each of the foregoing individually and collectively to be referred to for this Release Form as, “READ”) to use and reuse my child’s/dependant’s name, and any image, likeness, photograph, statement, voice recording, video, film or other moving image of my child/dependent, in any form and from any source (“Subject Matter”), for any purpose in connection with READ’s activities or the financial support of READ.

I understand and agree that this permission and consent shall give to READ the right to reproduce, copy, modify, edit, display, publish, perform, exhibit, distribute, transmit or broadcast by any means whatsoever, or otherwise use the Subject Matter or any part thereof, alone or in combination with other material, in any form or media (such as but not limited to printed materials and/or electronic, digital and online data and images of any kind). I also understand and agree that I shall have no right, title or interest in or to the Subject Matter or to any results or proceeds of its use as permitted by this Release Form, and I release READ and its agents from all claims, demands and liabilities whatsoever in connection with any use of the Subject Matter as permitted by this Release Form.

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Optional & Confidential:**

**This information will in no way be used to determine your child's eligibility for a job.**

**The READ Foundation is collecting this information for funding and reporting purposes only.**

**Tutor's gender (Check Box)**

Male                  Female

**Race/Ethnicity (Check Box):**

African American

Asian

Caucasian

Hispanic

Native American

Pacific Islander

Other (please indicate) \_\_\_\_\_

**Language spoken at home (Check Box):**

English

Haitian Creole

Spanish

Arabic

Chinese

Russian

Other (please indicate) \_\_\_\_\_

**How many people (including yourself) live in your household? \_\_\_\_\_**

**What is the combined annual income of your household? (Check Box)**

Under \$10,000

\$50,001 to \$60,000

\$10,001 to \$20,000

\$60,001 to \$70,000

\$20,001 to \$30,000

\$70,001 to \$80,000

\$30,001 to \$40,000

\$80,001 to \$90,000

\$40,001 to \$50,000

More than \$90,001

**Do you receive public assistance? (Check Box)**

Yes

No

**Important: Make copies of all paper work for your own records. Originals and a copy of all required documentation must be present at the time of scheduled training.**

We will not consider incomplete applications!

Contact Shell Lewis at 646-867-6121 with any questions.