



BUILDING BETTER FUTURES

T.C. Williams Community Learning Center Project (TCWCLC)
Academic Year 2010-2011



Please keep this sheet for your information and return the application to Krishna Leyva, Building Better Futures Program Director.

2009-10 Volunteer Application Program Overview

The T.C Williams Community Learning Center (TCWCLC) project, commonly known as Building Better Futures (BBF), is a partnership of the Campagna Center—a non-profit in the City of Alexandria, the Alexandria City Public Schools, and several local employers. This program will provide tutoring, mentoring, college preparation, independent living skills, enrichment activities to Latino and English Language Learners (ELL) and support and training for parents to students in grades 9 – 12 in Alexandria public schools.

Most of the students that participate in the program come from low income households in Alexandria. BBF encourages students to graduate with a high school diploma and, for many, to continue their education beyond high school. The program served over 200 students in 2009-10.

BBF students are matched with a volunteer mentor and/or tutor in a one-on-one relationship. Volunteering takes on a variety of forms at the BBF Program, depending on what role you are interested in. Some volunteers mentor or tutor one or more students; some act as both a mentor and tutor to a specific student; and others interact with several students in part-time roles including chaperone and essay reader.

No matter what role you choose, our volunteers provide critical support, guidance and friendship to students who are dealing with challenging class work and college and scholarship application processes, as well as unfamiliar social customs in their new school environment.

BBF volunteers have the opportunity to work with one or more motivated, high school students and to help a young person achieve his or her goals and dreams.

Volunteer Roles

Tutors: Volunteer tutors help their student succeed academically in school by assisting with homework as well as organizational and time management skills. Understanding and completing homework is key to success in the classroom. Tutors meet with BBF staff and classroom teachers to discuss the student's academic progress. Tutors also help students with the college application process.

Mentors: Volunteer mentors serve as positive adult role models to students, and provide vital friendship, support and guidance as students adjust to the school environment. Typical mentoring activities include having lunch together, spending time outdoors, and exploring the city.

Essay Readers: Essay readers provide invaluable help to students by proofreading essays and personal statements prepared for college applications and scholarships. Essays are provided to readers a minimum of ten days before they are due; readers return them to students within five days to allow for incorporation of comments.

Part-Time Guides/Chaperones: Part-time guides and chaperones serve as positive adult role models to students with short-duration participation. Guides and chaperones provide adult escorts for field trips, participate in group activities and after-school sessions, and interact with groups of students on a one-time basis or more as desired.



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Qualifications

BBF is looking for committed volunteers who are:

- Patient
- Enjoy being with young people
- Have prior experience with youth (although this isn't necessary)
- Good communication skills
- Positive attitude
- Willing to participate in a background check

Experience working with high school students in urban settings is a plus.

Ability to speak languages other than English is also helpful but NOT NECESSARY.

Time Commitment

Time commitment varies depending on the volunteer role you choose. All volunteers are asked to make a minimum commitment to the program of 4 months. Mentors are asked to commit for a year, if possible.

- Tutors meet their student weekly for 1 ½ hours, one day a week, on Monday, Tuesday or Thursday, from 3:30-4:55pm at the TC Williams Library
- Mentors commit to spending at least 2-4 hours every few weeks with their student and communicating via email and phone
- The time-commitment for essay readers and part-time guides/chaperones varies

Volunteer Support

Volunteers learn about their student's academic strengths and areas needing improvement before they begin tutoring; they also participate in a brief orientation session. They receive on-going educational support from BBF staff and reading/math/english resource specialists at the high school. Volunteers come together at least once a semester to share challenges and successes and to participate with students in group activities such as special workshops, the holiday party, and the annual awards dinner.

How do I get started?

The process to become a BBF volunteer is simple:

- Fill out a volunteer application and background check form (we will notarize it for you) and return them
- Schedule an interview (new volunteers only)
- Submit to a reference check and a background check
- Attend our Volunteer Training Orientation

After you fill out the volunteer application, the Program Director or a member of our staff will contact you for an interview. The entire application process takes 2-4 weeks to complete.

**To apply to become a BBF Volunteer,
please fill out the enclosed Volunteer Application and send by fax, e-mail, OR mail to:**

Attn: Director/BBF Program (kleyva@campagnacenter.org)

418 S. Washington St.

Alexandria, VA 22314

703.549.0111 x 139 phone

703.549.2097 fax



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Volunteer roles interested in (select all that apply):

Tutor
 Mentor
 Essay Reader
 Part-time guide/chaperone

VOLUNTEER INFORMATION

Last Name:				First Name:			
Middle Name:				Maiden Name (or other name changes):			
Gender:	M / F	Age:		Date of Birth:	/	/	
Home Phone:				Cell Phone:			
Email address:							
Street Address:							
City:				State:			Zip Code:
How long have you lived at this address (years)?				How long have you lived in Virginia (years)?			
Please list other cities/states you have lived in within the past ten years:							
Marital Status:				Birthplace (city, state):			
What other languages (besides English) do you speak, if any?							

VEHICLE INFORMATION (FOR TUTORS/MENTORS/CHAPERONES ONLY)

Driver's License State & Number:		Insurance comp. & Policy Number:	
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BACKGROUND INFORMATION

(Note: a background check will be conducted for all volunteers before volunteers begin interaction with students; continuing volunteers for whom a check is already complete will not require a new check)

Have you ever been arrested?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you ever been convicted of any criminal charges?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes to either, please list all causes without exception:

EMERGENCY CONTACTS

Last Name:				First Name:			
Relationship to volunteer:							
Home phone:				Cell Phone:			
				Work phone:			

I understand that by submitting this application, I am authorizing inquiries to be made concerning my suitability as a volunteer. This will include a check for any past criminal record. The information requested in this application and that, which may be subsequently obtained, will be used only for the purpose of determining my appropriateness as a volunteer. All information will remain confidential.

Additionally, I understand that I may be photographed or videotaped while volunteering and give permission for those images to be used by The Campagna Center and Building Better Futures for public relations or recruitment purposes.

VOLUNTEER SIGNATURE: _____ DATE: _____



VOLUNTEER PREFERENCES

TUTOR PREFERENCES (CHECK ALL THAT APPLY)

		Specific Class Title (if applicable)	Days Available for Tutoring							
<input type="checkbox"/>	English/ Language Arts		<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday		
<input type="checkbox"/>	Math		<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday		
<input type="checkbox"/>	Social Science/ History		<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday		
<input type="checkbox"/>	Science		<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday		
I am comfortable tutoring up to ___ students at a time:			<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3		
If you want to tutor ELL, have you previously tutored ELL?							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I am a BBF tutor and would like to continue working with the same student							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Student Name:						Subject:				
Student Name:						Subject:				
Student Name:						Subject:				

MENTOR PREFERENCES (CHECK ALL THAT APPLY)

I prefer to mentor:	<input type="checkbox"/>	A Senior	<input type="checkbox"/>	A Junior	<input type="checkbox"/>	A Sophomore	<input type="checkbox"/>	No preference		
I would like to work with students in these programs:										
<input type="checkbox"/>	College Leadership (CLP)	Male & female juniors and seniors working on academics, college choices, college applications and scholarships.								
<input type="checkbox"/>	LEAP	Sophomore and junior females considering/pursuing academic programs and careers in science, technology, engineering, math (and medical) fields; <i>mentors need not be in these fields themselves.</i>								
<input type="checkbox"/>	Independent Living Skills (ILS)	Students of all ages participating in life skills and enrichment activities aimed at helping students attain graduation and develop skills for independent living.								
<input type="checkbox"/>	No preference									
I am a BBF mentor and would like to continue working with the same student							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Student Name:						Program:				
Student Name:						Program:				
I am comfortable mentoring up to ___ students at a time:			<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3		
I work in a career that requires me to report all interactions with foreign nationals							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ESSAY READER PREFERENCES (CHECK ALL THAT APPLY)

I authorize my email to be added to the list of essay readers							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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FOR INTERNAL USE ONLY									
<input type="checkbox"/>	Volunteer Signature Complete								
<input type="checkbox"/>	Welcome Email Sent	By:				Date:			
<input type="checkbox"/>	Interview Conducted	By:				Date:			
VOLUNTEER STATUS									
<input type="checkbox"/>	Background Check Confirmed	By:				Date:			
<input type="checkbox"/>	Accepted			<input type="checkbox"/>	Not Accepted				
<input type="checkbox"/>	Staff Notified of New Volunteer	By:				Date:			
<input type="checkbox"/>	Volunteer Notified	By:				Date:			
<input type="checkbox"/>	Data Entered into Database	By:				Date:			
<input type="checkbox"/>	Orientation Provided	By:				Date:			
TUTORING ASSIGNMENT									
<input type="checkbox"/>	Student Assigned:	Subject:	TC	MH	Day:	M	T	R	
<input type="checkbox"/>	Student Assigned:	Subject:	TC	MH	Day:	M	T	R	
<input type="checkbox"/>	Student Assigned:	Subject:	TC	MH	Day:	M	T	R	
MENTORING ASSIGNMENT									
<input type="checkbox"/>	Student Assigned:	Program:	<input type="checkbox"/>	CLP	<input type="checkbox"/>	LEAP	<input type="checkbox"/>	ILS	
<input type="checkbox"/>	Student Assigned:	Program:	<input type="checkbox"/>	CLP	<input type="checkbox"/>	LEAP	<input type="checkbox"/>	ILS	
<input type="checkbox"/>	Student Assigned:	Program:	<input type="checkbox"/>	CLP	<input type="checkbox"/>	LEAP	<input type="checkbox"/>	ILS	
ESSAY READER ASSIGNMENT									
<input type="checkbox"/>	Essay Reader Coordinator Notified	By:				Date:			
CHAPERONE/PART-TIME GUIDE ASSIGNMENT									
<input type="checkbox"/>	Mentoring Coordinator Notified	By:				Date:			



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Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

Part I: INSTRUCTIONS - Read all instructions before completing form. Incomplete forms will be returned.

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
 2. Submit a separate form for each individual whose name is to be searched. MUST USE THIS FORM BEGINNING 11/01/09
 3. Provide proof of identity and sign Part III in the presence of a Notary Public.
 4. **Enclose a \$7.00** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. \$25 will be charged for checks returned for insufficient funds.
 5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
 6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-2901**
- MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name <u>Campagna Center</u> Address: <u>418 S. Washington</u> City <u>Alexandria</u> State <u>VA</u> Zip Code <u>22314</u> Contact Person <u>Krishna Leyva</u> Contact's Phone Number <u>703-549-0111</u>	Payment Code/ Fips Code (If assigned by Central Registry Unit) Mandatory for all coded agencies
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Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care CASA
 Children's Residential Facility Custody Evaluation Day Care Center Foster Parent Institutional Employee
 Other Employment School Personnel Volunteer Other

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information for Person Being Searched:

Last Name	First Name	Full Middle Name -- no initials (if name is initial only state initial only)	
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Date of Birth MM/DD/YY
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)		
Current Address Street	Current Address City	Current Address State	Current Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code

CURRENT SPOUSE INFORMATION. CHECK HERE IF NOT CURRENTLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
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ALL PREVIOUS SPOUSES: CHECK HERE IF NOT PREVIOUSLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Full Names of All Children: (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)

Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Virginia Department of Social Services/Child Protective Services
Central Registry Release of Information Form

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which as been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of Person to Be Searched _____

Parents' Signature (Needed if child is 17 years old or younger) _____

Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20 _____

Notary Public Signature _____

Notary Number _____

My Commission Expires: _____

Do not write below this line.

Part V: Findings - To be completed by OBI Central Registry staff only.

CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI staff only