

# **CCEA Member Application for Tutoring**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **Retired:**  Yes  No

**I AM AVAILABLE** (Please Check One)  ALL YEAR  SCHOOL YEAR ONLY  SUMMER ONLY

**HOME ADDRESS:** \_\_\_\_\_  
(office use) \_\_\_\_\_

**Phone Number** (to be given to Parents): \_\_\_\_\_

**Email Address** (to be given to Parents): \_\_\_\_\_

**AREA (S) OF CERTIFICATION:** \_\_\_\_\_

**TUTORING LEVELS:** Elementary Grades: K 1 2 3 4 5  
Secondary Grades: 6 7 8 9 10 11 12  
Special Education Grades: \_\_\_\_\_

**SUBJECT I WILL TUTOR:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> MATH                       | <input type="checkbox"/> SCIENCE                     | <input type="checkbox"/> Technology                |
| <input type="checkbox"/> ALGEBRA                    | <input type="checkbox"/> BIOLOGY                     | <input type="checkbox"/> TYPING                    |
| <input type="checkbox"/> GEOMETRY                   | <input type="checkbox"/> CHEMISTRY                   | <input type="checkbox"/> SPANISH                   |
| <input type="checkbox"/> CALCULUS                   | <input type="checkbox"/> PHYSICS                     | <input type="checkbox"/> FRENCH                    |
| <input type="checkbox"/> STATISTICS                 | <input type="checkbox"/> LANGUAGE ARTS               | <input type="checkbox"/> GERMAN                    |
| <input type="checkbox"/> TRIGONOMETRY               | <input type="checkbox"/> READING                     | <input type="checkbox"/> LATIN                     |
| <input type="checkbox"/> ACCOUNTING                 | <input type="checkbox"/> WRITING                     | <input type="checkbox"/> ENGLISH (as 2nd language) |
| <input type="checkbox"/> SOCIAL STUDIES             | <input type="checkbox"/> Study/Organizational Skills | <input type="checkbox"/> Music                     |
| <input type="checkbox"/> WORLD HISTORY              |  | <input type="checkbox"/> SAT/ACT PREP: _____       |
| <input type="checkbox"/> ADDITIONAL SUBJECTS: _____ |  |  |
| <input type="checkbox"/> LANGUAGE FLUENCY: _____    |  |  |

**PLEASE CHECK THE GEOGRHICAL AREA (S) TO WHICH YOU ARE WILLING TO TUTOR AND/OR TRAVEL**

- |   |   |
|---|---|
| <input type="checkbox"/> Taneytown                | <input type="checkbox"/> Hampstead/Manchester |
| <input type="checkbox"/> Union Bridge/New Windsor | <input type="checkbox"/> Westminster          |
| <input type="checkbox"/> Eldersburg/Sykesville    | <input type="checkbox"/> Finksburg            |
| <input type="checkbox"/> Mount Airy               | <input type="checkbox"/> All                  |

**Current fees charged for services** (office use): \_\_\_\_\_

**# of Tutor Referrals you would like per year:**  1-4  4-8  8+

## ***Tutoring Agreement***

As a service to the members of the Carroll County Education Association and to the families of Carroll County students, the CCEA maintains a list of educators willing to tutor.

In accordance with established ethics protocol, teachers should not tutor any students from their own school.

CCEA's sole role in the tutoring process is to maintain a tutoring database and provide contact information to parents/guardians.

CCEA encourages both the prospective tutors and parents to interview each other to find the best "fit" for both student and tutor.

Tutors are responsible for setting price and length of tutoring session and providing all needed supplies.

CCEA will not take any responsibility or assume any liability for events or outcomes resulting from a tutoring agreement.

For liability protection, it is also advisable that you tutor in a public space which cannot be school grounds.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete and return this application to Beth Herndon at the CCEA office**