



City of Chelsea  
Chelsea Community Schools  
**HOMEWORK** Help Application

**For Office Use**

Date Rec'd: \_\_\_\_\_

Comment: \_\_\_\_\_

**Tutor Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip CodePermanent Address: \_\_\_\_\_  
Street City State Zip Code

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School/College: \_\_\_\_\_ Major and Year: \_\_\_\_\_

Semester you would like to tutor:  Fall  Spring Year: \_\_\_\_\_**Schedule and Preferences**

1. Tutoring takes place one afternoon per week at the Williams School Building in Chelsea, MA. Please check the day(s) that you would like to volunteer.

Afterschool Tutoring	In-Class Tutoring ** for HHelp veteran tutors OR those w/tutoring experience
<input type="checkbox"/> Tuesdays 1:30 – 3:30pm I get out of class at _____	<input type="checkbox"/> Weekdays 9 - 2:30pm Please list your availability (in two hour blocks, not including travel time) Weekday: _____ Time: _____

2. What method of transportation will you use to get to Chelsea?

MBTA  Car  Van (pending availability)

3. I am comfortable working in the following skill area(s): (check all that apply)

English  Math  Science  Social Studies

4. Do you speak/write/read any foreign languages? If so, which and how well?

Completed application can be sent to:

Chelsea Community Schools, Dept. of Health & Human Services  
500 Broadway, Rm. 100, Chelsea, MA 02150 fax: 617-466-4072 email: [ccs@chelseama.gov](mailto:ccs@chelseama.gov)

**Experience and Interests**

Do you have any tutoring, mentoring or teaching experience? If so, please explain:

Please list any hobbies, talents, or interests you would like to share with **HOMEWORK**Help students (especially academic):

Commitment and flexibility are key aspects of being a successful tutor. Describe a time you had to demonstrate these traits.

How did you hear about this program?

- Friend                       Flyer                       Online
- Group meeting, which one? \_\_\_\_\_                       Other \_\_\_\_\_

**Emergency Contact**

Whom should we notify in case of an emergency?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Commitment Statement**

I will commit to tutoring **HOMEWORK**Help students for one (1) semester. This commitment may be renewed every semester thereafter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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