STARS Tutoring and Mentoring

Budget Worksheet

INCOME:

Sponsoring Church Commitment: .....$_____

Private Individual Donors: .....$_____

Donations from businesses: .....$_____

Parents/Guardians: .....$_____

NAD ACS Start-up Grant (limited) .....$_____

Other .....$_____

TOTAL: $_____

EXPENSES:

Curriculum Kit or Subscription: .....$_____

Office supplies .....$_____

Storage space (file cabinet, shelving, portable cupboard).....$_____

Site rental/utilities.....$_____

Additional insurance needs.....$_____

Promotion/Marketing .....$_____

Student Supplies (paper, pencils, file folders).....$_____

Books and other student center materials: .....$_____

Snacks/water for students .....$_____

Prizes, recognition (students and volunteers) .....$_____

Special Trips/Programs.....$_____

Other .....$_____

TOTAL: $_____

STARS Tutoring and Mentoring

SAMPLE Job Description

JOB TITLE:	(After School *Tutor)*
SUPERVISOR/REPORTS TO:	
POSITION SUMMARY:	What is the role played by this position and how does it tie into the overall mission of the program? (*Work with assigned student(s), using the provided curriculum to assist children increase their reading ability.)*
TIME COMMITMENT	Number of hours per week/month: Days job is performed on: Flexible schedule? Sample: • *Fall 2025-Spring 2026* • *The tutor position requires a commitment of 4 hours per week that school is in session. In addition, volunteers must attend a four-hour orientation/training during the week before the school year begins.* • *Some time may be needed to prepare tutoring activities outside of program times.)* • *Attendance at staff meetings once per month* .
DUTIES TO PERFORM:	Sample: • *Work with assigned student to provide assistance with reading.* • *Coach student and parents/guardians in identifying resources for further help.* • *Provide positive feedback on student's progress and encourage student's continued academic excellence.* • *Periodically evaluate student reading levels.* • *Observe and record student progress and challenges.* • *As part of the team, ensure safety and well-being of students.* • …

Qualifications:	Sample: • *Interest in working with children.* • *Ability to teach and interact with children in a patient and encouraging manner.* • *All volunteers must be certified through the Conference as eligible to work with children.* •
SUPPORT AVAILABLE:	Orientation… training for job… ongoing training…ongoing support to answer questions.
APPLICATION PROCESS:	*Submit application to XXXX church office of via email at STARSleader@email*

What positions do I need to create Job Descriptions for?

1. STARS Tutoring and Mentoring Program Director
2. Tutors
3. _____
4. _____
5. _____
6. _____
7. _____

STARS Tutoring and Mentoring

SAMPLE Volunteer Application

Name:_____

Address: _____

City, State/Prov Zip/PC: _____

Phone: _____ Email: _____

Previous Tutoring Experience (if any): _____

_____

Previous Experience Working with Children/Youth: _____

_____

_____

I would prefer to work with the following kinds of tutoring (check as many as are true for you.)

_____ Children (grades 1-4)

_____ Children (grades 5-7)

_____ Children (grades 8-9)

_____ Teens (grades 10-12)

_____ with discipline problems

_____Learning challenges

I can tutor in the following fields at the levels indicated above (check as many as are true for you.)

_____ Reading

_____ Math

_____ Science

_____ Algebra/Trigonometry/Geometry

_____ Basic Computer Literacy

_____ Other

What languages other than English do you speak?: _____

Each tutoring session will last 1-2 hours. How many times per week are you willing to volunteer? _____

I would prefer to tutor (circle all that apply):

One-on-One 2-3 children A Small Group

When are you available? (Check available slots)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							

I have transportation Available: Yes_____ No, I need a ride: _____

Explain: _____

Are there areas of ability you can use in group activities as part of the tutoring program? (music, storytelling, nature presentations puppets, etc)?

Have you ever (formerly or informally) been accused, disciplined or convicted for any unlawful sexual conduct, child abuse, and/or _____ yes _____ No

Has a complaint ever been filed against you in the context of employment or a volunteer responsibility regarding sexual harassment or misconduct?

Please list 3 individuals who know you well enough to recommend you as a volunteer:

Name of Reference Address Phone

1. _____

2. _____

3. _____

The above information is accurate to the best of my recollection. I understand that this is strictly a volunteer position, and that I will receive no remuneration for services and time volunteered.

_____

Applicant's Signature Date

STARS Tutoring and Mentoring

SAMPLE Student Registration Form

(Term of enrollment)

Parent/Guardian Name: _____

Relationship to child: _____

Address: _____

City, State/Prov Zip/PC: _____

Phone: _____ Email: _____

Student Name: _____

Student address (if different from above): _____

_____

Gender: Male _____ Female _____ Date of birth: / /

School: _____ Grade Enrolled in: _____

Teacher :_____ Principal: _____

School / Teacher phone number:_____

I am enrolling my child in this program because: _____

_____

_____

Subjects/particular areas where help is needed:

1. _____
2. _____
3. _____
4. _____

Would you prefer a male or female tutor? _____

List any allergies the student has (food, environmental or otherwise): _____

Does the student have any particular health conditions: _____

Any needs and circumstances that should tutors should be aware of: _____

_____

Emergency Contact Name: _____

Phone Number: _____ Relationship to child: _____

Besides yourself, list all persons who are permitted to pick up your child:

1. _____ Relationship: _____
   Phone: _____
2. _____ Relationship: _____
   Phone: _____
3. _____ Relationship: _____
   Phone: _____
4. _____ Relationship: _____
   Phone: _____

I give permission for _____ (student's name) to participate in the community-based, volunteer tutoring program provided by the registered local site of Adventist Community Services at _____(location). I am the child's custodial parent or guardian.

_____

Signature and Date

_____

Printed Name

STARS Tutoring and Mentoring

SAMPLE Report Form

Report time frame from _____ to _____

Program Name:_____

Program Address: _____

Program Director: _____

Director's Email: _____ Phone: _____

Number of students enrolled: _____

Number of tutors involved: _____

Number of families served: _____

Number of tutoring hours: _____ (time spent by each tutor, teaching a child)

Referrals to other services: _____

Trainings held for staff:_____

Other programming offered (field trips etc): _____

Please share where/what took place: _____

_____

_____

Average improvement in grade level for reading: _____

Other indicators of academic improvement:_____

_____

_____

Number of students for each grade: First _____ Second _____ Third _____

Fourth _____ Other _____

Sources of students: _____

_____

_____

❍ I verify that all volunteers have completed the Volunteer Certification process.

_____

Signature

Please list and describe community partnerships you have formed for your program:

_____

_____

_____

Please give an anecdotal example of how your program made an impact on the lives of the children and families you serve. (Use separate page if needed.)

Return completed report forms to your Conference ACS Director and copy to:

Gladys Guerrero, National STARS Coordinator : gladysguerrero@nadadventist.org