School Year 2019-2020 Teen Leader Application (Paid Jobs)

Read Alliance utilizes the power of Teen Leadership to improve the education trajectory of underserved, early elementary students through one-to-one tutoring in foundational reading skills.

READ Teen Leaders will report directly to Read Teachers and Read Staff. Teen Leaders are expected to maintain a professional and respectful relationship with Senior Teen Leaders, fellow Teen Leaders, 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 Earn a Paid Tutoring Job with Read, You Must:

- Submit all required documentation before the scheduled Teen Leader training
  - School Report Card, Parent Consent Form, Social Security Card and Picture Identification (i.e. School ID or State Issued ID)
  - If you are between the ages of 14 and 17 years, you must obtain a working permit
- Applicants who do not submit all required documentation will not be permitted to participate as READ Teen Leaders.

(Please note: In some cases teens will be paid by Read’s program partners)

Teen Leader Requirements:

- Actively participate in the entire READ training workshop (2.5 hours)
- Work for 1.5 hours 3 or 4 days per week for 15 to 20 weeks
- Arrive on time to all scheduled tutoring sessions and trainings
- Be a positive role model for students
- Complete the required NYS ‘Combating Sexual Harassment in the Workplace’ initiative training
Name of Applicant/Child: ___________________________ Age: ________

PARENT/GUARDIAN AGREEMENT

I understand that my child is applying for a paid position as a READ Teen Leader. If hired, he/she is expected to:

- Tutor for 1.5 hours after school 3 days per week for 15-20 weeks
- Submit all required documentation before the Teen Leader Training Date:
  - School Report Card, Parent Consent Form, Social Security Card and Picture Identification (i.e. School ID or State Issued ID)
  - If you are between the ages of 14 and 17 years, you must obtain a working permit

- Applicants who do not submit all required documentation will not be permitted to participate as READ Teen Leaders.
  - If you are 18 years of age or older, you are required to be fingerprinted by the New York City Department Of Education (NYCDOE)

I understand that my child may be paid by READ’s program partners. I commit to supporting my child in fulfilling this commitment if he/she is hired.

_____________________________________  _______________
Parent/Guardian Signature     Date

READ is collecting the following information for funding and reporting purposes only and it will not affect your child’s eligibility to participate in READ.

Race/Ethnicity (Student):
Black or African American     Asian     White or Caucasian     Hispanic     Latino
American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander     Do Not Wish to Respond

Other (please indicate) ________________

Primary Language spoken at home:

English     Haitian Creole
Spanish     Arabic
Chinese     Russian
Do Not Wish to Respond     other (please indicate) ________________
Optional & Confidential

READ is collecting the following information for funding and reporting purposes only. It will be completely confidential. Filling out this section is optional and will not affect your child’s eligibility to participate in READ.

<table>
<thead>
<tr>
<th>How many people (including yourself) live in your household?</th>
<th>__________</th>
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<th>What is the combined annual income of your household? (Circle one)</th>
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<tbody>
<tr>
<td>Under $10,000</td>
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<td>$10,001 to $20,000</td>
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<tr>
<td>$20,001 to $30,000</td>
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<tr>
<td>$30,001 to $40,000</td>
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<td>$40,001 to $50,000</td>
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</tbody>
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<tr>
<th>Do you receive public assistance?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Do you live in a NYCHA Housing Development?</th>
<th>Yes</th>
<th>No</th>
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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 Kaitlyn Jaime at 646-867-6128 or kjaime@readalliance.org with any questions.
Read Alliance MEDIA CONSENT AND RELEASE

Teen Leader Name: ________________________________ School: ___________________________

In consideration of Teen Leader’s participation in READ Alliance programs and in any of the media activities set forth below:

I hereby consent to the Teen Leader’s participation in any interviews or meetings of any kind, the use of Teen Leader’s quotes, the taking of photographs which include the Teen Leader, and the recording of film, video or other moving images (in any form, including digital) which include Teen Leader (all of the foregoing to be referred to as "Personal Identifiers"), by or on behalf of READ Alliance or its agents or employees ("READ"). I hereby grant to READ the right to edit, use, publish and distribute any or all such Personal Identifiers (alone or in combination with others) for any and all purposes related to READ and its not-for-profit educational mission, including, without limitation, use in print, on the internet, and all other forms of publication and media, without any payment or royalty due or owing to the Teen Leader or any other person. I also hereby release the New York City Department of Education, READ, and their respective agents and employees from all claims, demands, and liabilities whatsoever in connection with all of the foregoing.

I understand that agreeing to consent and release of the above-named Teen Leader is voluntary and I may still register my child for activities at Read Alliance without providing consent.

Check this box ☐ only if you do not consent to media release

IF TEEN LEADER IS UNDER 18:

Parent/Guardian Name: _____________________________________________
Signature: __________________________________________________________
Date: __________________________________________________________________

IF TEEN LEADER IS OVER 18:

Signature of Teen Leader: ____________________________________________
Date: __________________________________________________________________