

# Chinese American Parents and Students Association Tutoring Program 2020-2021 Coordinator Application

Applicant's Name: (English) \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of Sept. 2020): \_\_\_\_\_

Address: \_\_\_\_\_ Birthday: \_\_\_\_\_  
MM/DD/YYYY

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent/Guardian's Name: (English) \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Required:** Must have an unweighted GPA  $\geq 3.40$  and an average or current English grade of at least B. Must attach a copy of your report card with this form.

**1. Preference:** Please rank the group you are interested in coordinating on a scale of 1 (high) through 4 (low):

\_\_\_ LES (Gr. K-2) \_\_\_ UES (Gr. 3-5) \_\_\_ MS (Gr. 6-8) \_\_\_ HS (Gr. 9-12)

**2. Language Ability:** Which language other than English can you Speak, Read or Write? (Please indicate with S/R/W. For example: S/R Mandarin, S Cantonese, S/R/W Spanish)

\_\_\_\_\_

**3. Academic Record:** Please check all levels taken (current or past) for the following courses. If your school goes by a different system, please try to match with the corresponding level.

	Reg.	Pre IB/ Hon.	AP/IB		Reg.	Pre IB/ Hon.	AP/IB
Algebra 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stat./Probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	World History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earth Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Extracurricular Activities:** Please list up to three most significant extracurricular activities in which you have participated during school years.

Year	Name of Activity	Position

**5. Previous work with CAPSA:**

Year	Group	Position
2019 – 2020		
2018 – 2019		
2017 – 2018		
2016 – 2017		

**6. Essay:**

Please submit a titled essay written by you describing (1) how CAPSA has helped you; (2) why you will be a good coordinator; and (3) your strengths and weaknesses (both academically and personally). If you would like to be considered for a lead coordinator position, please also describe (1) why you would be a good lead coordinator, and (2) any suggested improvements you would make as lead coordinator.

**7. Selection Criteria:**

- a. Has been a tutor/coordinator of the CAPSA tutoring program since or prior to February 2019 and earned at least **60** service hours from CAPSA as of February 22, 2020.
- b. Currently enrolled in ninth grade or above with an un-weighted GPA of at least **3.40** out of 4 and an average or current English grade of at least B.
- c. Committed to attend all 2020-2021 CAPSA tutoring sessions and required meetings, except to attend official ACT, SAT I or SAT II exams and a maximum of **three** other excused absences. Please do not apply if you foresee any academic, sport, talent or extracurricular activities that will conflict with the CAPSA tutoring program.
- d. Committed to maintain and improve the quality of tutoring service, including tutoring when there is a shortage of tutors. For more details on roles and responsibilities of the coordinator, please check <http://www.capsa-mc.org/documents.html>.
- e. Demonstrated leadership, organization skills, teaching abilities and teamwork.
- f. Recommendations from mentors and/or coordinators (to be collected by the selection committee).

**8. Schedule:**

- a. Completed application form, essay, most recent unofficial transcript and shared rental fee payment by check must be sealed in an envelope and hand delivered or mailed to Zhendong Chen at 12308 Ambleside Dr, Potomac, MD 20854 by April 11, 2020.
- b. Interviews with the selection committee will be held on April 18, 2020 or April 25, 2020.
- c. The selection announcement will be made before May 1, 2020.
- d. A mandatory coordinator/volunteer orientation will be held from 9 am to 10:30 am on May 9, 2020.
- e. A mandatory coordinator/volunteer workshop will be held from 8:30 am to 10 am on September 12, 2020.
- f. For more information, please contact Zhendong Chen at (301) 312-5803 or [president@capsa-mc.org](mailto:president@capsa-mc.org).

**9. Pre-registration:**

Would you like to be automatically pre-registered as a tutor if you are not selected as a coordinator?  Yes  No.

**10. Commitment:**

The applicant and one of his/her parents/guardians agree to attend all required tutoring sessions and meetings and help maintain the smooth operation of the CAPSA tutoring program. If the applicant or his/her adult volunteer is unable to fulfill the assigned duties, the applicant will resign from the coordinator position.

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**11. Preferred Date for Interview:** (Please choose ALL dates that you will be available.)

- April 18, 2020: 9:30 am - 12:00 noon
- April 25, 2020: 9:30 am – 12:00 noon

**Parent/Guardian Agreement** (Complete agreement is required to participate in CAPSA activities.)

I will not hold CAPSA or its volunteer staff liable for property damage or personal injury while my family members or I participate in CAPSA activities. I will be responsible for all expenses resulting from property damage or medical emergency incurred by our participation in CAPSA. I authorize the CAPSA volunteer staff to administer first aid and/or take my family members or me to a physician or hospital for emergency treatment if necessary.

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\$20 Shared Facility Rental Fee (September 2020 - May 2021). Refundable if cancelled by September 12, 2020.

\$ \_\_\_\_\_ Donation \_\_\_\_\_

Please make checks payable to CAPSA. Total: \$ \_\_\_\_\_

CAPSA is a 501(c)(3) non-profit organization. Donations are tax deductible to the full extent allowed by law.

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Receipt No: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript  Essay  CAPSA Hours  Mentor Recommendation  Coord. Recommendation

Selected:  No  Yes, \_\_\_\_\_ Group Lead:  No  Yes Approved by: \_\_\_\_\_