Greetings!

Thank you for your interest in the Howard County Public School System’s Black Student Achievement Program (BSAP)! Your interest in serving as a volunteer with the BSAP is greatly appreciated.

You are welcome to volunteer with any one of our exciting programs by providing academic support for students in mathematics, reading, school assignments, tests, and graphing calculator applications, chess, organization and study skills, while encouraging and motivating students toward higher levels of academic achievement.

Please complete the attached Volunteer Information Application and return it to:

   The Black Student Achievement Program  
   5451 Beaverkill Road, Columbia, MD 21044  
   Attention: Harriet Beckham Lee

Should you have any additional questions feel free to contact Mrs. Harriet Beckham Lee at Harriet_BeckhamLee@hcpss.org.

We look forward to working with you!

Sincerely,

Patricia Branner-Pierce  
Sheree Whitby  
Achievement Specialists, BSAP
Volunteer Information Application

Please indicate which program you are interested in working with. Completing all the information on this form will be helpful in determining an appropriate assignment for you.

____ Summer Institute  ___ BSAP Saturday Math Academy ___ Event Planning & Implementation ___ Other _________

_____ Community Based Learning Centers After School Enrichment Program

Date: ___________  Name ______________________________________________________________

Address: _____________________________________________________________

Home phone: Home ___________________  Cell ___________________  Work ______________

E-Mail Address ________________________________________________________________

1. Educational background: (check all that apply)
___ High School Graduate ___AA Degree ___ BA/BS Degree ___ MS/MA Degree ___ Beyond Masters
___ Currently a High School student: check one: ___ Freshman ___ Sophomore ___ Junior ___ Senior

2. What level of mathematics are you comfortable with tutoring? (check all that apply)
___ Elementary ___ Middle (grades 6–8) ___ Algebra I ___ Algebra II ___ Geometry ___ Calculus
___ Statistics ___ College Level

3. What level of reading are you comfortable with tutoring? (check all that apply)
___ Elementary ___ Middle (grades 6–8) ___ High School (9-12)

4. What language other than English do you speak? __________________________________________________________________________

5. Briefly share current and past participation in community activities with youth.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Why do you want to volunteer with the BSAP Program? _______________________________________________________________________
___________________________________________________________________________

7. Have you ever been convicted of a crime? _____ If so, please explain ___________________
___________________________________________________________________________

8. In what capacity would you like to volunteer?
Volunteer Commitment Contract

Date: ____________________________

I ____________________________ agree to volunteer with the (check one)

• ___ Summer Institute

• ___ BSAP Saturday Math Academy (check one)
  ▪ _____ Elementary
  ▪ _____ Middle, level
  ▪ _____ High

• ___ BSAP Community Based Learning Center After School Enrichment Program
  ▪ ___ Monarch Mills Community
  ▪ ___ Longfellow Elementary School
  ▪ ___ Jeffers Hill Elementary School
  ▪ ___ Forest Ridge Apartments
  ▪ ___ Swansfield Elementary School
  ▪ ___ Sherwood Crossing Apartments

• ___ Events
  ▪ ___ Celebration of Excellence
  ▪ ___ College and Career Opportunities Night
  ▪ ___ Academic Recognition Events

As a volunteer I will:

• Keep all scheduled times with the program.

• Notify the Site Coordinator/Contact Person if I cannot attend the program.

• Maintain a Volunteer Log.

• Attend staff meetings when possible.

Volunteer Signature ____________________________ Date________________
Volunteer Reference Form

Volunteer Name ________________________________________________________

Please list two references that would be able to provide relevant information regarding your ability to become a BSAP Volunteer.

Reference 1

Printed Name ____________________________ Relationship (supervisor, teacher, etc)

Best Number to Call ____________________________ E-Mail Address

Reference 2

Printed Name ____________________________ Relationship (supervisor, teacher, etc)

Best Number to Call ____________________________ E-Mail Address
# Volunteer Log

Name: ___________________________ Site ___________________________

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<th>Date</th>
<th>Activity</th>
<th>Number of Hours Volunteered</th>
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Total Hours Volunteered