



Tutor Commitment Card

RGOH Tutor Commitment Card

Tutor/Name: _____

Phone: _____ When can you be reached at this number? _____

By signing this form I agree to support the efforts of the mentoring program at The Lutheran Hope Center- Ferguson, 9420 West Florissant Ave. I agree to show up 15 minutes prior to the designated start time for the tutoring program, which is currently held every (day and time). I also agree to submit to a background check as required by law in the State of Missouri. If I am unable to attend I will contact the Director of the Program, Rev. Micah Glenn @ (director's phone number), 2 days prior to the session and arrange to have another individual tutor on my behalf on the days I am unable to attend.

Signature of Tutor

Signature of Witness

Date

Date