

APPLICATION TO PROVIDE TUTOR SERVICES

## Tutor Qualifications

* 2 years of post-secondary coursework (Associates Degree or higher preferred)
* Recommendation from Teacher, Peer, VR Counselor or other professional (Please attach a written recommendation to this application)
* Ability to adapt to differing learning styles
* Experience working in an educational setting with people with a disability
* Effective communication skills with student, parent and counselor

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Please identify the areas you are willing to provide tutoring services (Towns/Cities/Counties):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please List the Subjects Please describe your experience,

 you want to Tutor: background or expertise in this

 topic area:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Please use an additional sheet to list other subject areas and experience, if needed.)

List any tutoring, leadership, and professional experience that is relevant to these positions. Please feel free to attach additional information such as a resume.

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Guidelines for those providing Tutor services to clients of Maine Division of Vocational Rehabilitation (DVR) and Division for the Blind and Visually Impaired (DBVI):

The Tutor must be registered as a vendor with the State of Maine, Division of Purchases in order to do business with Maine DVR and DBVI.

Payment is initiated through the standard vendor authorization process. Maine DVR and DBVI will pay the Tutor as follows:

The Tutor submits an authorization for services with documentation for each client served, providing a description of services and hours utilized provided to either DVR or DBVI for reimbursement. Invoices should be submitted to the authorizing Vocational Rehabilitation Counselor, as soon as possible after the service was completed but no later than 10 days past the end of the month in which the services were provided.

Payments are subject to the Tutor's compliance with all items set forth in this Agreement and subject to the availability of funds. DVR and DBVI will process approved payments within 30 days.

The Tutor understands and agrees that he/she is an independent contractor for whom no Federal or State Income Tax will be deducted by Maine DVR or DBVI and for whom no retirement benefits, survivor benefit insurance, group life insurance, vacation and sick leave, and similar benefits available to State employees will accrue. The Tutor further understands that annual information returns, as required by the Internal Revenue Code or State of Maine Income Tax Law, will be filed by the State Controller with the Internal Revenue Service and the State of Maine Bureau of Revenue Services, copies of which will be furnished to the Tutor for his/her Income Tax records.

In the performance of this Agreement, the parties hereto agree that the Tutor, and any agents and employees of the Tutor shall act in the capacity of an independent contractor and not as officers or employees or agents of the State.

**Background Check**

A background check is required of all individuals providing Tutoring Services to clients of DVR and DBVI. Please provide the following information to ensure that a State of Maine background check may be completed in a timely manner:

Complete Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aliases and/or Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing the information required above, for a background check and by signing this application, the applicant understands that a background check will be initiated.

Completion of the application does not constitute an agreement to provide services until written approval has been received by the applicant.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this completed application, resume and recommendations to Bureau of Rehabilitation Services, Attn. Deb Roy, 150 State House Station, Augusta, ME 04333. Please contact Deb at *Deb.Roy@Maine.gov*or (207) 623-6799 with any questions.