



6104 South Datura Street
Littleton, CO, 80120
Phone: 303-795-3915

Client Registration

Name (Nombre): _____ Date(Fecha): _____

A# (USCIS#): _____

How did you hear about us? (¿Como escucho de nuestra oficina?) _____

Contact Information (Información del contacto):

Home Phone (Teléfono en casa): _____

Mobile Phone (Teléfono celular): _____

Personal Email (Correo electronico): _____

Preferred Contact Method (Método de contacto preferido): Phone (Teléfono) _____ Email (Correo electronico) _____

Other (Otro): _____.

Address (Dirección): _____ City (Ciudad): _____

State(Estado): _____ Zip (Codigo Postal): _____

Services Interested In (¿Está interesado en estos servicios?):

___ Citizenship Classes (Cursos de ciudadanía)

___ Citizenship Mentoring(Tutoría de ciudadanía)

___ Citizenship Application (Ayuda para la aplicación de ciudadanía)

___ ESL Tutoring (Language Partners) (Tutoría de inglés)

___ ESL Classes (Clases de inglés)

___ Other(Otro servicio, por favor explique) please explain: _____

Demographic Information:

Gender (Género): ___ Male (Masculino) ___ Female (Femenino)

Date of Birth (Fecha de nacimiento): ___ / ___ / ____.

Birth Country (País de nacimiento): _____

Race (Raza): _____ Hispanic (Es hispánico)?: _____

Native Language (Primer lenguaje): _____

Other Languages Spoken (Otros idiomas que habla): _____

Highest level of education in your native country? (Nivel de educación en su país de origen) _____

Highest level of education in the U.S.? (Nivel de educación en los EE.UU.) _____

Are you a (Usted es)? Please check all that apply. (Marque todo lo que aplica)

Citizen (ciudadano) _____ Permanent resident (Residente permanente) _____ Refugee(Refugiado) _____

Visa Holder (Poseedor de visa) _____ Other (Otro) _____

Family Members at Home (Número de familiares en casa): _____

What is your annual household income? (Ingreso anual de casa): _____

Current Employer (Empleo actual): _____

Do you work in Littleton? (Trabaja Ud. in Littleton?) _____

What type of work? (¿Tipo de trabajo?) _____

How long? (¿Por cuanto tiempo?) _____

Emergency Contact (Contacto de emergencia):

Name (Nombre): _____ **Phone** (Teléfono): _____

Email (Correo electrónico): _____ **Relationship** (Tipo de relación): _____

Availability (Disponibilidad): **Please check the times you are available to meet with a tutor.** (Por favor, compruebe las horas que está disponible para reunirse con un tutor)

Bemis Library Hours are: Monday – Thursday 9 AM – 9 PM, Friday - Saturday 9 AM – 5 PM, Sunday 1 PM – 5 PM (**Las horas de la biblioteca son:**
Lunes—Jueves: 9 AM-9 PM, Viernes - Sabado 9 AM - 5 PM, Domingo 1 AM -5 PM)

	Monday (Lunes)	Tuesday (Martes)	Wednesday (Miércoles)	Thursday (Jueves)	Friday (Viernes)	Saturday (Sábado)	Sunday (Domingo)
Morning (Mañana) (9:00-12:00)							
Afternoon (Tarde) (12:00-5:00)							
Evening (Noche) (5:00-8:30)							

For Office Use Only:

Date Entered in Salesforce:

Legal Only/Education Only?

Eligible for Fee Waiver: Yes ___ No ___

Class Enrollment: Yes ___ No ___

Paid?: Yes ___ No ___

BEST/CASAS Test:

Photo Release Signed? Yes ___ NO ___

Other Notes:

Photo Release

I, _____, give the Littleton Immigrant Resources Center (LIRC) and any Grantors of LIRC permission to use my name, image, voice, and/or appearance in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken on behalf of LIRC. These uses include, but are not limited to, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I grant to LIRC, nonexclusive, irrevocable, worldwide license in the audio, photographic, or video recording of me, my voice, likeness, conversation and sounds in conjunction with LIRC to reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly by or on behalf of LIRC.

I acknowledge that I will not receive any future compensation for the uses related to LIRC and hereby release and hold harmless LIRC from any and all claims which arise out of or are in any way connected with such use, including any rights of privacy or publicity.

I have read and understood this release agreement.

Signature

Date

Liberación/Permiso de uso de fotografía

Yo, _____, doy a el Centro Recursos Inmigrantes de Littleton (LIRC) y cualquier otorgante de la autorización de LIRC a utilizar mi nombre, imagen, voz y / o aparición en las imágenes, fotos, grabaciones de vídeo, cintas de audio, imágenes digitales, y similares, en nombre del LIRC. Estos usos incluyen, pero no se limitan a, boletines, exhibiciones, videos, reimpressiones, reproducciones, publicaciones, anuncios y cualquier material promocional o educativo en cualquier medio conocido o a ser desarrollado posteriormente, incluida la Internet.

Concedo a LIRC, licencia sin exclusiones, irrevocable, mundial en la grabación de audio, fotográfico o de vídeo de mí, mi voz, imagen, conversación y sonidos en conjunto con LIRC para reproducir, crear trabajos derivados, distribuir copias al público, y llevar a cabo públicamente y mostrar públicamente por o en nombre de LIRC.

Reconozco que no recibiré ninguna compensación futura para los usos relacionados con LIRC y de esta manera liberar de responsabilidad a LIRC de cualquier y todas las reclamaciones que surjan de o estén relacionados de alguna manera con dicho uso, incluyendo los derechos de privacidad o publicidad.

He leído y entendido este acuerdo de liberación.



Erica Bisbey
Student/Volunteer Coordinator
6014 South Datura Street
Littleton, Colorado 80120
Phone: 303-794-8411
ebisbey@littletongov.org
www.littletonimmigrants.org

Mentoring Client Agreement

Client Name _____

Date _____

The purpose of the following contract is to outline the rights and responsibilities of both the Littleton Immigrant Resources Center (LIRC) and the client upon entering into a Mentor agreement.

In exchange for pairing you with a volunteer tutor for one-on-one English language and/or Citizenship tutoring preparation and providing the learning resources for your use, LIRC asks you to agree to the following:

- 1) You will provide the LIRC with basic demographic information for our tracking purposes. All identifying information will be kept confidential.
- 2) You will provide the LIRC and your tutor with your contact information and will notify us of any changes.
- 3) If, for any reason, you need to change your tutoring appointment, you will give your tutor 24 hours' notice (unless it is an emergency).
- 4) You agree to pay a one-time match fee of **\$50.00 (Citizenship Mentoring) or \$40.00 (Language Partners), which is due at the time of your initial meeting.** If you are still using our services after one year, we will ask for another payment of equal amount. We reserve the right to change this policy if necessary in the future.
- 5) **We reserve the right to terminate this agreement if you miss your appointment and fail to notify your volunteer tutor or LIRC two consecutive times. You will be asked to pay another registration fee to be reinstated. Once the initial match with a volunteer is made, the money is non-refundable.**
- 6) You have the right to discontinue your meetings at any time. You agree to inform LIRC of your decision at this time.

I have read the above terms and agree that they are fair and acceptable. I authorize LIRC to pair me with a volunteer tutor.

Client Signature _____

Dated _____

Staff Signature _____

Dated _____