



## The Literacy Center

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**Department of Professional Studies in Education**

Davis Hall, Room 303  
570 South Eleventh Street  
Indiana, PA 15705-1050  
E-mail: [Julie.Ankrum@iup.edu](mailto:Julie.Ankrum@iup.edu)

**P** 724-357-2400  
**F** 724-357-2961  
<http://www.iup.edu/literacy/>

January 22, 2018

The IUP Literacy Center staff is currently organizing a five-week tutoring opportunity for children and adolescents in grades 1 through 8 who need additional literacy help.

Tutoring will be provided by undergraduate teacher educator candidates during the weeks of February 5th, 2018 through March 8th, 2018, Monday through Thursday, 4:00 PM – 7:00 PM. Your child is encouraged to bring reading, writing, or spelling homework. All undergraduate tutors, along with the Literacy Center Supervisor, Wendy Sheeran, have current clearances. The Center is located in Room B5, on the basement level of Davis Hall. ***Parents must be present in the Literacy Center while tutoring takes place.***

Your child would be assigned a one-hour time slot between the hours of 4:00 PM and 7:00 PM on Monday-Thursday for five weeks. For example: Joe would regularly attend the 4:00 PM to 5:00 PM on Tuesdays for five weeks, while Ann would attend the 6:00 PM to 7:00 PM on Wednesdays for five weeks.

If you are interested in enrolling your child, please e-mail Wendy at [w.sheeran@iup.edu](mailto:w.sheeran@iup.edu) to schedule a tutoring spot. Acceptance into the tutoring program is based on available tutors and available times. Once your spot is confirmed through Wendy, please send the signed application, Photo Permission Form, Waiver of Liability with parent contact information, and check in the amount of \$50 payable to the Indiana University of Pennsylvania (Memo: Literacy Center). Final acceptance will be given once the payment and application form have been received. Participation will be on a first-come, first-served basis.

Mail check and application to:           Indiana University of Pennsylvania  
Department of Professional Studies in Education  
Literacy Center  
Davis Hall, Room 303, 570 South 11th Street  
Indiana, PA 15701

We look forward to the possibility of serving your child.

Sincerely,  
*Dr. Julie Ankrum*  
Director, IUP Literacy Center

## IUP Literacy Center Tutoring Application

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Parents' Cell Number(s): \_\_\_\_\_

Contact Information in Case of Emergency: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to my child, \_\_\_\_\_,  
(Name of Parent/Guardian) (Child's name)

being tutored through the IUP Literacy Center. My child and I agree to follow the Code of Conduct for Participants. I understand that I must remain in the Literacy Center during the tutoring time and will be responsible for the cost of any medical care or provide the treatment of any medical issues that may arise during tutoring, including the use of medications or treatment of any medical condition, such as allergies. I do hereby agree to release, discharge and hold harmless Indiana University of Pennsylvania, Indiana University of Pennsylvania Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance or activities that take place at tutoring.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Return to : Dr. Julie Ankrum  
Indiana University of Pennsylvania  
Department of Professional Studies in Education  
303 Davis Hall  
570 South 11th Street  
Indiana, PA 15705  
(724) 357-2400 - phone  
(724) 357-2961 – fax

## **Indiana University of Pennsylvania Photo Release Form**

The undersigned agrees to give permission to Indiana University of Pennsylvania to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University Web site; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

\_\_\_\_\_  
Print Name of Individual to be photographed

\_\_\_\_\_  
Signature of Individual to be photographed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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Return to : Dr. Julie Ankrum  
Indiana University of Pennsylvania  
Department of Professional Studies in Education  
303 Davis Hall  
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## Code of Conduct for Participants

### Participant

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows.

- a. The possession or use of alcohol and other drugs, fireworks, guns and weapons is prohibited.
- b. The use of skateboards is prohibited.
- c. No violence, including sexual abuse or harassment, will be tolerated.
- d. Hazing, bullying, and cyber bullying will not be tolerated.
- e. Misuse or damage of University property is prohibited.
- f. All minors will be accompanied by another minor at all times. This is the buddy system. *(Not applicable to tutoring program—parents must accompany their children during tutoring).*
- g. Smoking is prohibited in all University buildings.
- h. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
- i. Profanity is prohibited.
- j. When crossing streets, only cross in the designated crosswalks.
- k. Only use the building designated by your program supervisor or staff.
- l. If you are hurt or injured, immediately report your injury to the program supervisor or staff.



## **Title IX**

Indiana University of Pennsylvania and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the University requires faculty members to report incidents of sexual violence shared by students to the University's Title IX Coordinator. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a University-approved research project.

Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the Department of Human Services (1-800-932-0313) and University Police (724-357-2141).

Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at: <http://www.iup.edu/social-equity/policies/title-ix/>

INDIANA UNIVERSITY OF PENNSYLVANIA

IUP Literacy Center Tutoring

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in 2018 Spring Tutoring hereinafter called "the Activity", the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, does hereby release, waive, discharge, and covenant not to sue Indiana University of Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania, or their officers, employees, and agents from liability from any and all claims including the negligence of Indiana University of Pennsylvania, its officers, employees or agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses incurred due those changes.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Health Care Authorization: The undersigned hereby authorizes Indiana University of Pennsylvania and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached. This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Indiana University of Pennsylvania and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and will be interpreted under such and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned has read this waiver of liability, assumption of risk, and indemnity agreement, fully understands its terms, and **acknowledges and understands that substantial rights are being given up, including the right to sue.** The undersigned acknowledges that he/she is signing the agreement freely and voluntarily, he/she is assuming all risks voluntarily and **intends by his/her signature to provide a complete and unconditional release of all liability** to the greatest extent allowed by law.

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Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
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Participant's Age (if minor)

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Contact Information

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Parent/Guardian

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Emergency Contact