



Advocating for Change
MOMMY, I HAVE CANCER
WE CARE

Virtual Volunteer Tutoring Application

Dear Parent/Guardian,

Patricia Haley Charity: Mommy, I Have Cancer is a 501c nonprofit organization. Our Mommy, I Have Cancer Virtual Volunteer Tutoring Program is dedicated to providing children diagnosed with cancer and/or their siblings from ages five-seventeen with free tutoring/support in the four core subject areas:

Math, Reading, Science, and Social Studies.

The tutoring sessions are all virtual and provided by volunteers, not employees of our organization, but they are committed to making a positive impact in our community and surrounding areas.

Our goal with this service is to provide a sense of normalcy and support for families affected by the diagnosis of cancer. The focus of the tutoring sessions will be providing support in the subject area, working on a skill, homework, guidance, computation, or assisting with the understanding of the subject matter.

We look forward to working with your child and are pleased to provide this additional help. If our service can benefit your child/children, you must complete this application and our waiver form. We must have the complete application and liability waiver form before on file before your child will be able to participate in our program.

Please mail the complete application to our local office. Once we received your application, you will receive a confirmation email.

Thank you,.

Omri D. Davis, Chairperson of Board of Directors

Patricia A. Haley, CEO

[Patricia Haley Charity Inc.: Mommy, I Have Cancer](#)



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FREE VIRTUAL TUTORING Application

3322 South Memorial Parkway Suite: 207

Huntsville, AL 35811

Eligibility

Parents/Guardians: To participate in the free virtual tutoring program, your child must:

- Be diagnosed with cancer and undergoing treatment for cancer
- Must provide verification of diagnosis from the doctor/social worker
- Completed the notarized waiver form
- Your completed application is on file
- Participates must have wifi access and an online device to communicate in virtual sessions.
- Patricia Haley Charity Inc: Mommy, I Have Cancer does have a limited number of Chromebooks available. Please see the criteria below to see if you qualified for this free device.

Parent/Guardian Name: _____ Date _____

Home Address: _____

Cell Phone: _____ Home Phone: _____ e-mail: _____

Name of Applicant Diagnosed/Receiving Treatment for Cancer: _____

Birthdate: _____ School: _____

Cancer Diagnosed: _____

Social Worker/ Doctor Verification Information

Name _____ Office Number: _____

Address: _____

Phone Number: _____

I verify that this applicant is a patient under my care and diagnosed with Cancer.

Signature: _____ Date: _____

Title: _____

Sibling Information

Please provide the full names of the siblings and ages that qualify for tutoring services. The siblings must be at least 5-17 and currently enrolled in school.

Sibling Name: _____ Age: _____ Grade: _____

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Sibling Name: _____ Age: _____ Grade: _____

Service

Our volunteer tutoring program is offered in the Core Subject Areas: **Reading, Math, Science, and Social Studies.**

Please share the area you would like to provide Service:

What day(s) of the week works best for tutoring? Please note that sessions are offered based on availability.

Do you have a device to participate in our program? Yes _____ No _____

If Possible, I need a Chromebook provided for me to participate in the virtual tutoring program _____

Patricia Haley Charity: Mommy I Have Cancer has a limited supply of Chromebooks to participate in this program. The supply is based on availability. There is a separate waiver and specific guidelines used to receive this Chromebook. Once we receive your application, you will be sent the wavier/verification form. Please note, our devices are based on availability.

I agree to abide by the guidelines provided by our volunteer tutoring program. I understand this application must be on file and completed before my child/children are able to receive services. Once we receive your complete application, you will be notified by a member of our organization and a link to sign-up for sessions for services. Please make sure you have a valid email address and contact information on file.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Attachments: notarized wavier received application is complete proof of diagnosis Device needed

Coordinator: _____ Student: _____

_____ **No, the application is missing _____ . Parent/Guardian Contacted on _____ .**

_____ **Yes, the application was verified. The Parent/Guardian was sent a welcome letter on _____ .**

