



RETURNING AVID TUTOR INFORMATION FORM

Name: _____

Current Mailing Address: _____

Telephone Number: _____

Email Address: _____

College Attending: _____

College Classification/ GPA: _____

Major: _____

Availability to Work (Please list specific hours):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Indicate your top three site preferences by numbering them from 1-3:

- | | | | |
|----------------------|-------------------|---------------|---------------|
| ___ Mansfield HS | ___ Legacy HS | ___ Coble MS | ___ Jones MS |
| ___ Lake Ridge HS | ___ Summit HS | ___ Howard MS | ___ Wester MS |
| ___ Early College HS | ___ Timberview HS | ___ Jobe MS | ___ Worley MS |

Office Use Only:

Campus/Shift Assigned: _____

Start Date: _____

Assigned Training Date (Refining): _____