



# Tutor Registration Form

Date:	
Name:	
Address:	
Phone (Home):	Phone (Cell):
Email:	Age:
Tutoring Experience:	
Why are you interested in becoming a MARC Tutor?	
Language/s other than English: <input type="checkbox"/> Speak <input type="checkbox"/> Read/ Write	
Are you interested in working with ESL (English as a Second Language) students? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the area you prefer to work near: <input type="checkbox"/> Greenville <input type="checkbox"/> Sidney <input type="checkbox"/> Stanton <input type="checkbox"/> Lakeview <input type="checkbox"/> Edmore <input type="checkbox"/> Vestaburg <input type="checkbox"/> Sheridan	
Check the days you are available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Check the times you are available: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Student Preference (check all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child
In what setting do you prefer to work: <input type="checkbox"/> 1-on-1 <input type="checkbox"/> Group (2 or more on the same level) <input type="checkbox"/> Either	
How did you hear about MARC? <input type="checkbox"/> Newspaper <input type="checkbox"/> Family/Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Brochure <input type="checkbox"/> Library Staff <input type="checkbox"/> Other	

*Thank you for your interest in volunteering with the Montcalm Area Reading Council! You will be matched with a student following your completion of our Tutor Orientation Training. Please contact our office to schedule your training.*