

LIBRARY LITERACY PROGRAM

Tutor Registration Form



APPLICANT INFORMATION			
Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Work Phone		
Cell Phone	E-mail Address		
Have you ever been convicted of a felony?	NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, explain:		
Position Applying for:	One-on-one Tutor Small Group Tutor Conversation Class Leader		
(Small Group Tutors work with 2-5 students in an informal class; Conversation Leaders guide our drop-in English chat groups)			
AVAILABILITY			
Weekdays: Mornings (10-12pm) <input type="checkbox"/> Afternoons (12-3pm) <input type="checkbox"/> Afternoons (3-6 pm) <input type="checkbox"/> Evenings (6-9 pm) <input type="checkbox"/>			
Weekends <input type="checkbox"/> Particular Days of the Week?			
Can you tutor more than once a week?		Can you tutor two students (once per week each)?	
When can you start tutoring?			
EDUCATION			
High School YES <input type="checkbox"/>	College YES <input type="checkbox"/>	Do you speak another language (if yes, please state)?	
Previous Tutoring or ESL experience?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain		
What attracts you to tutoring?			
DEMOGRAPHIC INFO (REQUIRED BY CA STATE LITERACY GRANT)			
Ethnicity	Asian _____	African-American _____	Latino _____ Native American _____
	Pacific Islander _____	White _____	Other _____
Age Group	18-19 ____ 20 - 29 ____ 30 - 39 ____ 40 - 49 ____	50 - 59 ____ 60 - 69 ____ 70 + ____	
Gender	Male _____ Female _____		
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to my being placed with a student, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date

For staff use only:

form Sept 2016

Student 1	Student 2
Date	Date