

# Tutor Application

Thank you for your interest in volunteering! The information on this form will help us know you better and match you with an appropriate student. All information will be kept confidential within our program. Please feel free to attach additional sheets in order to expand upon requested information.

## Contact Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
          First                          Middle          Last

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Experience

Education (circle last completed)

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 Major/Subject/Degree \_\_\_\_\_

Are you presently employed?  Yes  No If yes, hours per week \_\_\_\_\_

Business Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Your previous work experiences, skills, interests, or hobbies: \_\_\_\_\_

Your previous volunteer experience: \_\_\_\_\_

What training and/or experience have you had in the field of youth and issues pertaining to adolescents, youth education, and tutoring, or youth social service? \_\_\_\_\_

Do you speak/read/write any foreign language?  Yes  No If so, which and how well? \_\_\_\_\_

## **References**

Please list three personal references we may contact

|    |       |                 |              |
|----|-------|-----------------|--------------|
| 1. | _____ | _____           | _____        |
|    | Name  | Mailing Address | Phone Number |
| 2. | _____ | _____           | _____        |
|    | Name  | Mailing Address | Phone Number |
| 3. | _____ | _____           | _____        |
|    | Name  | Mailing Address | Phone Number |

## **Volunteer Preferences**

How did you learn about our programs? \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

What grade level/age are you most interested in working with?

Sixth  Seventh  Eighth  Adult  No Preference

Do you have a preference for a male or female student?  Male  Female  No Preference

Are you interested in working with a bilingual student?  Yes  No

Do you have your own transportation?  Yes  No

Would you be willing to provide transportation for your student?  Yes  No

Are you covered by minimum liability insurance?  Yes  No

Insurance company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I am available to tutor at the following times:

|               | Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Meeting Place Choices:                  |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Before 9am    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Student's Home |
| Morning 10-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Avon Library   |
| Lunch 12-2    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Edwards CMC    |
| Afternoon 2-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> Eagle Library  |
| Dinner 4-6    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> Gypsum Library |
| Evening 6-8   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> Other: _____   |

Please check any other activities you would be interested in volunteering for (check all that apply):

Special Events    Office Help    Computer Lab    Other: \_\_\_\_\_

**Miscellaneous Information**

Have you ever been arrested or convicted of any offense other than a traffic violation?    Yes    No

If yes, please explain, giving dates and disposition: \_\_\_\_\_  
\_\_\_\_\_

Do you have a library card?    Yes    No

Your 12 digit City Market Value Card Number (when you use your card we get a donation!)

Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**Emergency Contact Information**

Person(s) to contact in an emergency:

|    |       |              |              |
|----|-------|--------------|--------------|
| 1. | _____ | _____        | _____        |
|    | Name  | Phone Number | Relationship |
| 2. | _____ | _____        | _____        |
|    | Name  | Phone Number | Relationship |

