

Literacy Volunteers of Wayne County, Inc.

Tutor Information Form

This information is intended to help us with our recruitment, training, and programming, and will not be shared. Although all information is helpful to us, please omit any information you find too personal. Thank you.

Name: _____ Date: _____

Mailing Address: _____ Email: _____
(please include ZIP) _____

Telephone: Home: _____ Other Phone (if ok to call): _____

How learned of LV Wayne: _____ Program: Literacy ESL

References: 1) Name: _____ Tel: _____
(Required) 2) Name: _____ Tel: _____

Profession: _____

Age: 16-24 25-45 45-59 60-60+
Education: HS Student HS Diploma GED College 1 2 3 4 MA/MS PhD

If college education, concentration(s): _____

Teaching Experience (Please list any that may apply, including church, work training, etc.):

Are you willing to travel to a nearby town to tutor? Yes No

If yes, name of town(s): _____

Can you provide your own transportation to tutoring site? Yes No

When do you prefer to tutor? Mornings Afternoons Evenings
 Weekdays only Weekends only

Available to tutor by what date? _____

Are there times during the year when you cannot tutor? _____

Are there any special skills (including other languages), needs, or interests you would like to share with us?

Are you a member of a club, church, etc.? Yes Name(s): _____

Would you be willing to speak to this organization about LV Wayne? Yes No
If not, would you introduce a LV Wayne spokesperson to this organization? Yes No

Are you interested in learning about other volunteer opportunities at Literacy Volunteers? Yes No