



READ/WRITE ADULT LITERACY PROGRAM
Volunteer Tutor Intake Form

Today's Date _____

Name _____

Home Phone _____

Work Phone _____

Other Phone _____

Physical Address _____

Mailing Address _____

County _____ Email _____

Gender _____ *Date of Birth _____ *Age _____

* (Date of Birth and Age is for reporting purposes only)

Ethnicity—circle one

American Indian or Alaska Native

Asian

Black or African American

Hispanic

Native Hawaiian or Other Pacific Islander

White

How did you learn about this program? _____

What is your educational level? _____

What language(s) do you speak? _____

Circle the type(s) of students you are willing to tutor.

Literacy

Learning Disabilities

English as a Second Language

Developmentally Challenged

Pre-GED

Do you have any teaching experience? If yes, please explain:

What day(s) and time(s) are you available? _____

Do you prefer a student of a certain age or gender? _____

Are you willing to tutor more than one (1) student? _____

Are you willing to tutor a group? _____

Are there any personal concerns or prejudices which would impair your teaching abilities?

Please list three (3) references, along with their phone numbers.

OFFICE USE ONLY

Tutor ID Number _____

Begin Date _____

End Date _____

ESL Trained _____

BL Trained _____

Active Tutor _____

Board Member _____