

Tutor Profile

Date _____

Last Name

First Name

Middle

Address—Number and Street

City

State

Zip Code

Home Phone _____ Work Phone _____

Cell phone _____ email address _____

Place of Employment _____

Where did you hear about the Literacy Program? _____

Preferred days and times for tutoring: _____

To meet with a Student: Do you have access to a car? Yes ___ NO ___

Are you near public transportation? Yes ___ NO ___

Record of a felony conviction? Yes ___ NO ___

Special skills or interests: _____

Area or field of work experience: _____

Languages other than English: _____

Age (optional, circle one): 25 & under; 26-35; 36-45; 46-55; 56-65; 66+

Education (circle last year completed): 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
(high school) (college) (graduate school)

Additional Schooling _____ Degrees _____

Signature _____ Date _____

For office use only:

Date of Training: _____ Completion _____ Basic Literacy _____ ESL _____

Date Assigned Student _____ Additional comments _____

