



**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ TUTOR

\_\_\_\_ OFFICE VOLUNTEER

\_\_\_\_ OTHER

**BASIC VOLUNTEER INFORMATION**

NAME:	DATE OF BIRTH:	Gender:
Address:	City:	ZIP:
EMAIL ADDRESS:	PHONE (HOME OR WORK):	CELL PHONE:
EMERGENCY CONTACT PERSON:	RELATIONSHIP:	PHONE:

**EMPLOYMENT INFORMATION (Please Circle)**

FULL TIME	PART TIME	UNEMPLOYED	RETIRED	NOT IN LABOR FORCE	STUDENT
EMPLOYER:			POSITION:		
PROFESSIONAL BACKGROUND:			1 <sup>ST</sup> SHIFT	2 <sup>ND</sup> SHIFT	3 <sup>RD</sup> SHIFT OTHER

LEVEL OF EDUCATION (Please Circle)	LANGUAGES
0-4 <sup>TH</sup> GRADE	DO YOU KNOW ANY OTHER LANGUAGE:
5 <sup>TH</sup> – 8 <sup>TH</sup> GRADE	S=SPEAK    R=READ    W=WRITE
9 <sup>TH</sup> -12 <sup>TH</sup> GRADE	
HIGH SCHOOL DIPLOMA	_____ : S    R    W
GED	_____ : S    R    W
SOME COLLEGE	_____ : S    R    W
TECH/TRADE SCHOOL	_____ : S    R    W
COLLEGE DEGREE:	_____ : S    R    W
MAJOR: _____	

**AVAILABILITY FOR CLASSES (Please put an x under the days and times you are available)**

(Classes last one hour. We match students and tutors based on availability. You will not have classes every day you select.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
BEST TIME:							
AFTERNOON							
BEST TIME:							
EVENING							
BEST TIME:							

**AVAILABILITY FOR CLASSES CONT.**

HOW SOON DO YOU WISH TO BEGIN TUTORING? \_\_\_\_\_

IS THERE ANY TIME OF THE YEAR THAT YOU ARE NOT AVAILABLE? \_\_\_\_\_

WHICH OF THE FOLLOWING LOCATIONS ARE YOU AVAILABLE TO TUTOR IN? (please circle)

APPLETON	CHILTON	CLINTONVILLE	HILBERT	HORTONVILLE
IOLA	KAUKAUNA	KIMBERLY	LITTLE CHUTE	MENASHA
NEENAH	NEW LONDON	WAUPACA	WEYAUWEGA	

OTHER (please specify) \_\_\_\_\_

**TOPICS AND SKILLS** (Please circle subject areas you feel comfortable tutoring)

PRE-LITERACY	ENGLISH LANGUAGE (BEGINNER)	ENGLISH LANGUAGE (INTERMEDIATE)	ENGLISH LANGUAGE (ADVANCED)	CITIZENSHIP
MATH	READING	GED/HSED		

OTHER \_\_\_\_\_

ARE THERE ANY OTHER SKILLS OR SUBJECT AREAS YOU FEEL QUALIFIED TO TUTOR? (eg. Business, Accounting)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU LEARN ABOUT OUR PROGRAM?** (PLEASE CIRCLE)

SCHOOL	LIBRARY	RADIO/TV	CHURCH	EMPLOYER	NEWSPAPER
VOLUNTEER CENTER	WORD OF MOUTH	SPECIAL EVENTS	OTHER _____		

I UNDERSTAND THAT:

- IF I USE MY PERSONAL VEHICLE IN MY VOLUNTEER SERVICES I WILL KEEP AUTOMOBILE LIABILITY INSURANCE IN EFFECT AND WILL NOT HOLD FOX VALLEY LITERACY OR ANYONE ASSOCIATED WITH IT LIABLE.
- FOX VALLEY LITERACY PERFORMS CRIMINAL BACKGROUND CHECKS ON ALL VOLUNTEERS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ORIENTATION: \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_

