



PLEASE SPECIFY SESSION: Evening Sessions _____ Morning Sessions _____

LITERACY VOLUNTEERS, VALLEY SHORE-CT, INC

Tutor Application / Information Form

Submit application to: LVVS
25 Middlesex Trnkp, # 2
Essex, CT 06426
860-767-1202/Email: lvvs@snet.net

First Name: _____ Last Name: _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Emergency Contact Name and Phone: _____

Email Address: _____

Gender: Male Female

Date of Birth: Month _____ Date _____ Year _____

Employment Full Time

Status: Part Time

Race: American Indian/Alaskan Native

African American

Retired

Asian/Pacific Islander

White: Non-Hispanic

Unemployed

Black - Not Hispanic

Homemaker

Hispanic

Born in United States

Student

White

Born outside of U.S. If so, what country? _____

Education: _____

Occupation * _____ Employer* _____

Address: _____ Phone: _____

*(If retired, what was your occupation, etc.)

Organizations currently active in: _____

Teaching/tutoring experience (if any): _____

Volunteer experience: _____

Hobbies and interests: _____

Have you ever been convicted of any criminal offense other than a minor traffic violation? _____

Skills: Interviewing Writing Computer Typing Artistic (specify) _____

Availability

Please indicate the times/days you are available to tutor:

Mornings: Times: _____ Days: _____

Afternoons: Times: _____ Days: _____

Evenings: Times: _____ Days: _____

Weekends: Times: _____ Days: _____

Questionnaire

How did you learn about Literacy Volunteers? _____

What particular aspect of our program brought you to Literacy Volunteers? _____

Are you willing to serve on one of our Volunteer Committees? _____

Is volunteer work a requirement for school or job credit? _____

Student preference: Adult Youth Male Female Doesn't matter

Student ESL level preferred: (Please circle one):

0 (No English) **I** (Low Beginner) **II** (High Beginner) **III** (Intermediate) **IV** (Advanced)

Can you commit yourself to tutor for one year, two hours per week? Yes No

Office Use

Start Date: _____

BR/ESL Certification Date: _____

Primary Role: Tutor

Secondary Role: Tutor

Volunteer (non-tutoring)

Volunteer

Workshop Leader

Workshop Leader

Board Member

Board Member