

Volunteer Tutor Application

Please be advised that the information below will be stored in a secure online database; and may be shared with the Literacy Society Board of Director, our program funders, and for demographic, program evaluation or program development purposes only

Name: _____
Address: _____ Postal Code _____
Phone: _____ Cell: _____
Email: _____

Age: Under 20 20-29 30-39 40-49 50-59 60 +

Gender: Male Female

Occupation: _____

Education: _____

Please check your preferred location (s) for tutoring:

Literacy Centre Library Other _____

Method of Transportation: Walk Bus Vehicle Other _____

Please check your preferred time (s) for tutoring:

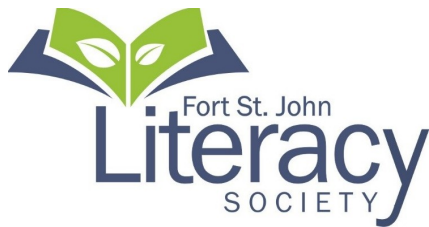
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Please check the levels/subject areas that you are comfortable tutoring:

| | Beginner | Intermediate | Advanced |
|-----------|--------------------------|--------------------------|--------------------------|
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ESL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____



#201, 10136-100 Avenue
Fort St. John, BC V1J 1Y6
Ph: 250-785-2110
Website: www.fsjliteracy.ca
Email: info@fsjliteracy.ca

Interests/Hobbies (to help us match you to an appropriate learner):

Learner Preference: Male Female Either

Other Considerations/Comments:

How did you become aware of our program? (more than one may apply)

- Newspaper Posters/pamphlets Radio/TV
 Word of mouth Public meeting Other agency
 Other _____

Why are you interested in volunteering to tutor?

Are you willing to:

Complete a 16 hr tutor training course? Yes No

Make a 6 month commitment to tutoring? Yes No

Become a member of the Literacy Society? Yes No

Acquire a criminal record check? Yes No

Do you have any previous experience in tutoring or adult education? If yes, explain

Please provide one character reference who has known you for a minimum of two years
(and is not related to you):

Name: _____ Organization: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Thank you for volunteering your time to help others!