San Luis Obispo Literacy Council

TUTOR/ VOLUNTEER INFORMATION SHEET

			OFFICE STAFF C	OMPLETE:
Last Name	F	irst Name	Trained in:	ESL
Mailing Address				Literacy
City	·		Date of Training	
Day Phone				
Fax Number	E-mail address		Phone Contacts:	
Date of Birth	Male / Female			
Date of Birth	(Please Circle)			
ETHNICITY				
Asian	Native American Indian			
Pacific Islander	African-American			
Caucasian Other	Hispanic/ Latino			
(Please Spec	ify)			
EDUCATION				
What languages (in ad	dition to English) do you speak/ rea	ad/ write fluently?	
Highest grade complete	ted:			
College or university:			Major:	
Degree earned:				
Advanced Degrees and	d/ or specialized	training:		
EMPLOYMENT ST	ATUS			
Homemaker	_RetiredU	nemployed	Self-employed	
If Employed:				(Please Circle) PT / F7
	Company	y	Occupation/ Position	
If Retired, Previous O	ccupation:			
PHOTOGRAPH PU	BLICATION R			
•	uncil publicatio	ns and promotio	graphs of me taken at ns such as the Newslett	

Date

Signature

What interested you in becoming a tutor?
What experience do you have that relates to tutoring? (No experience is necessary.)
What experience do you have working with persons from other cultures? (No experience is necessary.)
What personal strengths do you bring to tutoring?
What personal challenges do you anticipate in tutoring?
What Learning Center do you wish to tutor in? Or, do you wish to tutor independently? Yes / No (Please circle)
Available to tutor:
Weekdays Weekends Afternoon Evening
How did you hear about the program? (Please check all that apply.) Newspaper Radio Friend Other:
Please check whatever special skills you would be willing to use in your volunteer work with us:
Clerical/ Record Keeping Newsletter/ Journalism
AdministrativeLibrarian
Child Care Provider Tutor Training Graphics Special Events
Public Relations Video Documentary maker
Fund Development Membership
Have you previously tutored with the Literacy Council? Yes / No (Please circle.) If so, when?
Signature Date