

# TUTOR REGISTRATION INFORMATION



## Tutor Information

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate : \_\_\_\_\_

MM/DD/YYYY

City: \_\_\_\_\_

Or Age

<19  20-35  36-55  56+

Group:

Province: \_\_\_\_\_

Gender:  Female

Male

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Can we send emails to you?  Yes  No

Cell Number: \_\_\_\_\_

Best day and time to  
contact you: \_\_\_\_\_

## Language Information

Spoken

Read

Written

First Language \_\_\_\_\_

Other Languages \_\_\_\_\_

## Education Information

Highest Level of Schooling Completed:

- No Schooling
- Grade 1-6
- Grade 7-9
- Some High School or High School Graduate
- Some Post-Secondary
- Post-Secondary Graduate
- Special Education
- Unknown

Last School Attended:

\_\_\_\_\_

Other Education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Employment History

Current Occupation: \_\_\_\_\_

Previous Tutoring or Teaching Work Experience: \_\_\_\_\_

Other Work Experience: \_\_\_\_\_

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## Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Tutoring Subjects** – please indicate order of preference (1 being what you would like to teach the most)

- English Language Learners (ELL/ESL)    Adult Literacy Learners    Numeracy Learners  
 Special Needs Learners    Foundational Life Skills Learners

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## Learner Preference

- Male    Female    Does not matter

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## Tutoring Program Commitment

Tutoring adults involves building relationships with learners so they feel safe in their learning environment. Once you have been matched with a learner, are you willing to commit to working with him/her for a minimum of 6 months?

- Yes    No

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**Reason for Volunteering** – please explain your reasons for volunteering with adult learners

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References:

Name	Phone Number	Date Contacted	Comments
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