

TUTOR INTAKE FORM

Please complete this form and return it to LVEB, 17 Croade St., Warren, RI 02885

Intake date: _____

Material Fee \$20.00

First Name: _____ Last Name: _____

Phone #: _____ Cell #: _____ E-mail: _____

Address: _____ City, State, Zip: _____

DOB: _____ Native Language: _____ Other Language/s: _____

If Employed: Place of Work: _____ Position/type of job: _____

Employment Status: full time part time disability retired other: _____

Nearest library/site: _____ Source of referral: _____

Years of education: _____ Area of Study: _____

Final degree/s (if applicable): _____ Certification: (if applicable): _____

Teaching/Tutoring Experience (if applicable): _____

Interests/hobbies/skills: _____

Health/accessibility issues: _____

What (if any) specific experiences inspired you to become a volunteer tutor?

What do you hope to gain from tutoring?

- Prefer to teach: one-on-one small group
- Student Preference: male female no preference
- I want to teach: ABE (Adult Basic Education: teaching native English speakers to read and write)
 ELL (English Language Learner: teaching foreign born adults to read, write & speak English)
 ELL (English Language Learner: teaching foreign-born adults to speak English)

Availability:	Mornings	Afternoons	Evenings	I might also be interested in
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> volunteering in the office
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> serving on the Practitioner Advisory Council
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> serving on LVEB Board of Directors
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> being a Community Liaison
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> helping w/ fundraising events or grant writing
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> helping w/ technology (website, computer lab)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> writing for the newsletter or on social media
				<input type="checkbox"/> Other: _____

Tutor Training Session: _____

Location: _____

Student Assigned: _____

Match Date: _____