



Capital Area Literacy Coalition Volunteer Tutor Application

Date(s) tutor Training Workshop(s) attended: _____	Tutor Number: _____
BR: _____ ESL: _____ GED: _____	

CONTACT INFORMATION: (Print)

Name: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Best time to contact you: _____ Preferred Method: Phone Email

EDUCATION:

H.S. Diploma Some College Undergraduate Degree Graduate Degree

MSU Student For Credit

Intern Univ./College _____ Term/Year _____

LEGAL: Felony Conviction

Explain: _____

ETHNIC GROUP:

Black/African-American White Hispanic Native American

Hawaiian Pacific Islander Arabic/Middle Eastern Asian Mixed

ADDITIONAL LANGUAGES SPOKEN: _____

YOUR OCCUPATION:

(past/current) Full-time Part-time Retired Seeking Work Unemployed

Professional and volunteer organizations:

Interests, skills, hobbies:

Comments, concerns, etc.



Capital Area Literacy Coalition Volunteer Tutor Application

Name: _____ Phone: _____

Program Information

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Specify							

Travel:

Preferred city/location, in order (Lansing, East Lansing, Okemos, Holt, Mason, etc.)

1. _____ 2. _____ 3. _____ 4. _____

Distance willing to travel to meet student: _____ miles

To meet my student: ____ I will drive _____ I will rely on public transportation

Program Preferences:

I would like to tutor: (rank in order: 1, 2, 3, and 4)

____ Basic Reading _____ GED (8th grade level+)

____ ESL (English as a Second Language) _____ Math

I am interested in the following types of students: _____ Male ____ Female

Age: ____ 16-30 ____ 31-45 ____ 46-60 ____ 60+

Level: ____ Low (Pre-K--2nd grade) ____ Intermediate (3rd-6th Grade) ____ High (7th Grade-GED)

Group Sessions:

____ 2-3 basic reading students same level _____ 2-3 Math Students same level

____ 2-3 ESL students same level _____ 2-3 GED students same level

Individuals with: ____ physical handicaps ____ developmental disabilities

____ mental illness ____ criminal background (nonviolent, on probation)

How did you learn about The Reading People?

____ Employer ____ Friend/Family ____ Library ____ Newspaper ____ Another Volunteer

____ Poster/Flyer ____ Radio ____ TV ____ Special Event ____ Other: _____