

## TUTOR BACKGROUND INFORMATION

(Please answer the following questions to help us match you with a learner)\*

Today's date: \_\_\_\_\_  
Month Day Year

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

Address: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City State Zip

Contact Info: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_

E-MAIL \_\_\_\_\_

Please indicate best option(s) for contacting you \_\_\_\_\_

How did you hear about our program? (check all appropriate boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Education / ESL  | <input type="checkbox"/> Newspaper or magazines |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Other tutors           |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> People at work         |
| <input type="checkbox"/> Family / friends       | <input type="checkbox"/> Radio or TV ads        |
| <input type="checkbox"/> Library                | <input type="checkbox"/> Social Service         |
| <input type="checkbox"/> Other _____            |   |

What is the name of the person or place that referred you?

\_\_\_\_\_

*\*Dear Project READ tutor: The requested tutor information is for the Project READ program use only.  
All Requested information is confidential.*

Please indicate your gender:  Female  Male

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_  
Month Day Year City & State

**Age group:**

- 8-15
- 16-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 +

**Racial/ethnic group:**

- Asian
- African American
- Caucasian
- Hispanic/Latino
- Mid-Eastern
- Native Indian
- Pacific Islander
- Other (specify) \_\_\_\_\_

**What kind of work do you do?** \_\_\_\_\_

**What company do you work for? If you are a student, what school do you attend?**  
\_\_\_\_\_

**How much schooling have you had? Indicate grade or highest level:** \_\_\_\_\_

**Where were you educated?** \_\_\_\_\_

**What is your native language?** \_\_\_\_\_

**Can you speak, read, or write other languages?**  No  Yes

*Plases Specify:* Language: \_\_\_\_\_ Speak  Read  Write

**Have you tutored in the past?**  No  Yes

(If yes, please tell us about your experiences.)  
\_\_\_\_\_  
\_\_\_\_\_

**Are you a member of any community groups, civic clubs, or churches?**

- No  Yes (If yes, please list them)

\_\_\_\_\_

**Please tell us about your hobbies:** \_\_\_\_\_

\_\_\_\_\_

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**What experience or interests do you have that might relate to tutoring?**

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**Would you prefer a learner who is . . . ?**

- Male
- Female
- Does not matter
- Smoker
- Non-smoker
- Does not matter
- Adult
- Adult Small-Group
- Adult parent w/ young children
- Child (age range) \_\_\_\_\_
- Family Literacy Instructional Center

Other information that might help us to find the right learner for you:

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**Please fill in AM and PM hours when you would be available for tutoring.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.

**Tutoring location preference(s)?**

- Main Library
- Other Branch Library
- Local School
- Other Location \_\_\_\_\_
- Tutor's Home
- Student's Home
- Church

**Can you volunteer in other areas of service to our literacy program?**

- Computer aided learning
- Fundraising
- Photography
- Publicity

- Hospitality/Events
- Media
- Office Help

- Volunteer Fairs
- Special Events
- Storyhour Volunteer