



Tutor INTAKE

DATE

Month Day Year

GENDER

Female Male

NAME

First Last

ADDRESS

Number Street Apt. #

City State Zip

PHONE

Home: (____) _____ Hours: _____

Work: (____) _____ Hours: _____

FAX: (____) _____ Hours: _____

Cell: (____) _____ Hours: _____

E-MAIL: _____

Special Phone Instructions _____

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

- Adult Education / ESL
- Church
- Community Organization
- Family / friend
- Internet
- Library
- Newspaper or magazines
- Other tutors
- Co-workers
- Radio or TV ads
- Social Service
- Project READ web site

Please specify the name of the person or place that referred you:

Do you have past volunteer experience? No Yes

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

The requested tutor information is for Project READ program use only.
All requested information is confidential.

•STAFF USE ONLY•

Program Preference:

- Adult
- Adult-Inmate
- FIP-Youth
- FFL-Parents
- FLIC-Drop in Center

Tutor Training Month

- January
- March
- May
- July
- September
- November

COMMENTS:

DATE ENTERED

INITIAL _____