

Office Use Only: Instructor: _____ Database Checked/Entered Yes County _____

Program: _____ Student Match: _____

2015-2016 LVCV Tutor Data

Full Name: _____ Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Birth date: _____ Preferred Phone: H W C

<p style="text-align: center;">Ethnicity</p> <p><input type="checkbox"/> African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> European Caucasian (Immigrant) <input type="checkbox"/> US Caucasian <input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p>	<p style="text-align: center;">Veteran</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Foreign Language</p> <p><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</p>
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Emergency Contact: _____ Phone: _____ Relationship: _____

Do you consent and release any media of you obtained during your service? Yes No

Where are you willing to provide services? Eau Claire County Chippewa County Dunn County

<p style="text-align: center;">Completed Education</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HSED <input type="checkbox"/> Technical College <input type="checkbox"/> University <input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Employment Status</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> In Work Search <input type="checkbox"/> Retired <input type="checkbox"/> Work at Home</p>	<p style="text-align: center;">Industry-Occupation</p> <p><input type="checkbox"/> Education _____ <input type="checkbox"/> Business _____ <input type="checkbox"/> Health Care _____ <input type="checkbox"/> Technical _____ <input type="checkbox"/> Agricultural _____ <input type="checkbox"/> Other _____</p>
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Employer: _____ Call at Work: Yes No

What are your hobbies/interests/skills? _____

Availability for Tutoring
(Please provide a range of hours)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><u>Program</u></p> <p><input type="checkbox"/> No Preference
 <input type="checkbox"/> One-to-One
 <input type="checkbox"/> Family Literacy
 <input type="checkbox"/> Corrections
 <input type="checkbox"/> Workplace
 <input type="checkbox"/> Open Learning Lab</p> | <p style="text-align: center;"><u>Learner Preference</u></p> <p><input type="checkbox"/> No Preference
 <input type="checkbox"/> Male
 <input type="checkbox"/> Female
 <input type="checkbox"/> My Current Student</p> |
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Tutoring Areas of Interest

- Elementary/Beginning Reading/Writing
 Elementary/Beginning Math Skills
 Intermediate Reading and Writing Skills
 Intermediate Math Skills
 GED Preparation
 Language Arts/Reading Writing/Composition
 Science Social Studies
 Mathematics (Algebra/Geometry)
 English Language Learning (reading, writing, conversation)
 Beginner Intermediate Advanced
 Citizenship
 Computer Skills

Are you willing to tutor more than one student at separate times? Yes No Not Sure

Are you willing to tutor a small group? Yes No

Have you ever been convicted of a crime (excluding parking and traffic tickets)? Yes No

***All new tutors will have a background check. LVCV reserves the right to accept or deny your volunteer service.**

Confidentiality Policy

All members of the Literacy Volunteers – Chippewa Valley community (employees, volunteers, tutors, temporary staff, interns, board members and individuals assigned by collaborating agencies) are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while working with Literacy Volunteers – Chippewa Valley. This includes all information (verbal, written, or computerized) concerning Literacy Volunteers – Chippewa Valley clients and their families, staff, volunteers or any other person as it relates to the overall agency.

SIGNATURE: _____ **DATE:** _____

THIS SECTION IS FOR NEW TUTORS ONLY

1. Why do you want to be a literacy tutor?

2. List any volunteer work you have done.

3. List any teaching experience you may have.

4. Personal reference: Name: _____ Phone: _____
Address: _____
Relationship: _____

5. In the last year, how have you heard about Literacy Volunteers – Chippewa Valley? Please be as specific as you can (e.g. name of newspaper, event, online source, person, etc.)
