
Tutor Information Form

Date: _____

_____ Mr Ms Mrs. Dr.
Last name First name

Street Address (Apt. #, PO Box, if applicable)

_____ City State Zip

_____ Home phone Cell phone E-mail address

Date of birth: ___/___/___ Gender: M F Ethnic group (for statistical purposes only): _____

Please circle your highest level of education:

High School GED Bachelor's Degree Master's degree PhD Other _____

Employee status: full time part-time retired homemaker seeking not employed

If retired, former occupation _____

If employed, current occupation _____ Employer _____ Work phone # _____

What are your areas of work experience (past and present)? _____

What are your skills, talents, or interests? _____

Do you speak a language other than English? How well? _____

Do you have any previous tutoring experience? _____

What brought you to the Literacy Council? _____

Where did you learn about the Literacy Council? Please circle:

Newspaper TV Radio Employer Library Church Website

Brochure/flyer Poster Special Event Family/friend Other (please specify) _____