



Tutor Application

Date: _____

PLEASE PRINT CLEARLY

Name _____ Female _____ Male _____

Street _____ DOB _____
mm dd yyyy

City, State, Zip _____ Phone: _____

E-mail Address _____ cell: _____

Have you ever been convicted of a crime? No _____ Yes _____. If yes, please explain: _____

All tutors must complete either an online or in person training. Tutors and learners arrange to meet at a local library. You will be matched with a student with similar availability. Please indicate library & time preferences:

Preferred times: Mornings (9am-11am) _____ Daytime (12pm-4pm) _____ Evenings (5pm-9pm) _____ Weekends _____

Preferred libraries: 1. _____ 2. _____ 3. _____

This is a full year commitment of 2 hours weekly. Our students are pre tested and then post tested after 30 hours of tutoring, so both the tutor's and the student's commitment are key to a successful match.

Please tell us briefly why you have chosen to become a Literacy Suffolk Tutor:

