

**Literacy Volunteers of Wayne County, Inc.**

**Tutor Information Form**

This information is intended to help us with our recruitment, training, and programming, and will not be shared. Although all information is helpful to us, please omit any information you find too personal. Thank you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(please include ZIP) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Other Phone (if ok to call): \_\_\_\_\_

How learned of LV Wayne: \_\_\_\_\_ Program:  Literacy  ESL

References: 1) Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Required) 2) Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Profession: \_\_\_\_\_

Age:  16-24  25-45  45-59  60-60+  
Education:  HS Student  HS Diploma  GED  College 1 2 3 4  MA/MS  PhD

If college education, concentration(s): \_\_\_\_\_

Teaching Experience (Please list any that may apply, including church, work training, etc.):

Are you willing to travel to a nearby town to tutor?  Yes  No

If yes, name of town(s): \_\_\_\_\_

Can you provide your own transportation to tutoring site?  Yes  No

When do you prefer to tutor?  Mornings  Afternoons  Evenings  
 Weekdays only  Weekends only

Available to tutor by what date? \_\_\_\_\_

Are there times during the year when you cannot tutor? \_\_\_\_\_

Are there any special skills (including other languages), needs, or interests you would like to share with us?

Are you a member of a club, church, etc.?  Yes Name(s): \_\_\_\_\_

Would you be willing to speak to this organization about LV Wayne?  Yes  No  
If not, would you introduce a LV Wayne spokesperson to this organization?  Yes  No

Are you interested in learning about other volunteer opportunities at Literacy Volunteers?  Yes  No