# **2022-2023 LCV Tutor Data**



Full Name: Address:

City: State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H**ome Phone: **W**ork Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **C**ell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Ethnicity Gender Veteran Foreign Language**

 African American  African  Male  Yes  Yes \_\_\_\_\_\_\_\_\_\_\_\_

 Asian  Hispanic  Female  No  No

 Native American  European Caucasian (Immigrant)  Transgender

 US Caucasian  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Completed Education Employment Status Industry-Occupation**

 High School Diploma  Employed  Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 GED/HSED  Student  Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Technical College  In Work Search  Health Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 University  Retired  Technical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work at Home  Agricultural\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Call at Work:  Yes  No

What are your hobbies/interests/skills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability for Tutoring Program Learner Preference**

**(Please provide a range of hours)**

| **Monday** |  |
| --- | --- |
| **Tuesday** |  |
|  **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |

 No Preference  No Preference

 One-to-One  Male

 Family Literacy  Female

 Corrections  My Current Student

 Workplace

 Open Learning Lab

**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 (not including parking and traffic tickets)?  Yes  No

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

**Confidentiality Policy**

All members of the Literacy 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 Chippewa Valley. This includes all information (verbal, written, or computerized) concerning Literacy 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?

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1. List any volunteer work you have done.

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3. List any teaching experience you may have.

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4. Personal reference: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_