

Office Use Only: Instructor: \_\_\_\_\_ Database Checked/Entered  Yes County \_\_\_\_\_

Program: \_\_\_\_\_ Student Match: \_\_\_\_\_

## 2019-2020 LCV Tutor Data

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Ethnicity	Gender	Veteran	Foreign Language
<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 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

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
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HSED <input type="checkbox"/> Technical College <input type="checkbox"/> University <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> In Work Search <input type="checkbox"/> Retired <input type="checkbox"/> Work at Home	<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 _____

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	

### Program

- No Preference
- One-to-One
- Family Literacy
- Corrections
- Workplace
- Open Learning Lab

### Learner Preference

- No Preference
- Male
- Female
- My Current Student

### 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 work with a formerly incarcerated student(s)?  Yes  No  Not Sure

Are you willing to work with a developmentally disabled student?  Yes  No  Not Sure

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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2. 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: \_\_\_\_\_

5. 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.)

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Thank you for considering volunteering with Literacy Chippewa Valley!