



TUTOR TRAINING WORKSHOP APPLICATION

__ Attended Orientation (for LVM-Quincy staff use)

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: H () _____ W () _____ May we call work? Y/N

Cell: _____ E-mail address: _____

Gender: M/F Date of Birth: ___/___/___ Referral Source _____

Marital Status: S M D W Computer Skills: Y/N _____

Employment: __FT __PT __Retired __ Student __ Homemaker

__Unemployed: __seeking work or __not seeking work

Employer: _____ (optional) Occupation _____

Work Experience: _____

Education: HS Diploma or GED Y/N Years of College ___ College Degree _____

Major _____ Graduate Degree _____ Teaching Certification Y/N Subject _____

Previous Volunteer and/or Teaching Experience: _____

Hobbies, skills, interests, community organizations _____

Why do you want to volunteer? _____

Days available to tutor: Mon. ___ Tues. ___ Wed. ___ Thurs ___ Fri. ___

Times: A.M. from ___ to ___ or Afternoons from ___ to ___ or P.M. from ___ to ___