



TUTOR INFORMATION FORM

DATE _____

NAME			SNOWBIRD? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS			<input type="checkbox"/> Male <input type="checkbox"/> Female
CITY		STATE	ZIP
HOME PHONE	WORK PHONE / EXT	CELL PHONE	EMAIL ADDRESS
EMERGENCY CONTACT		PHONE	RELATIONSHIP

REFERRAL Library Agency Newspaper Friend Other _____

EDUCATION <input type="checkbox"/> Less than 12th Grade <input type="checkbox"/> High School or GED <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate/Associates Degree <input type="checkbox"/> Graduate Degree	ETHNICITY <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other _____	EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Market	NATIVE LANGUAGES & REGIONAL DIALECT <i>Other than English (s=speak; w = write; r=read)</i> <i>Examples: Spanish-Puerto Rico (s,w,r)</i> <i>Spanish-Mexico (s)</i>
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LOCATIONS IN WHICH WILLING TO VOLUNTEER (Check all that apply)

<input type="checkbox"/> Astor Library	<input type="checkbox"/> Fruitland Park Library	<input type="checkbox"/> Marianne Beck Memorial Library	<input type="checkbox"/> Tavares Library
<input type="checkbox"/> Cagan Crossings Library	<input type="checkbox"/> Helen Lehmann Library	<input type="checkbox"/> Marion Baysinger Library	<input type="checkbox"/> Umatilla Library
<input type="checkbox"/> Cooper Memorial Library	<input type="checkbox"/> Lady Lake Library	<input type="checkbox"/> Minneola Schoolhouse Library	<input type="checkbox"/> W.T. Bland Library
<input type="checkbox"/> East Lake Library	<input type="checkbox"/> Leesburg Library	<input type="checkbox"/> Paisley Library	

AVAILABILITY (Check all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

AREAS OF INTEREST <input type="checkbox"/> Adult Literacy one-on-one tutoring <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Citizenship classes <input type="checkbox"/> Conversation Clubs	<input type="checkbox"/> Early Childhood Literacy <input type="checkbox"/> After School Homework Center <input type="checkbox"/> Chess <input type="checkbox"/> Other _____	<input type="checkbox"/> Technology Classes <input type="checkbox"/> One-on-one Technology Help Please specify areas of expertise: _____ _____ _____
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