



Tutor Data Form

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____

Other phone: _____

E-mail: _____

Birthdate: _____

Gender: (circle) Male Female

Education/Work/Volunteer Background:

Hobbies/Special Interests:

Anything else you'd like to share?

Did you receive a Tutor Handbook?

(circle) Yes No

Did you sign the tutor guidelines form?

(circle) Yes No

Additional Comments:

Please mark the times you could tutor:

Available	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Can you drive to meet a learner? Yes No

If no, what is your transportation? _____

Are you ready to start with a learner? Yes No

If no, when can we contact you? _____