



Tutor Application

Name _____ D.O.B. ____/____/____
Month/Date

E-mail _____ Gender: M F

Cell Phone _____ Home Phone _____

Email _____

Preferred Contact: ____ home phone ____ email ____ cell phone (text ____ call ____)

Street Address _____

City _____ State _____ Zip _____

Student? Y N If yes, where? _____ Undergrad/yr ____ Grad/yr. ____

Employer _____ Phone _____

Availability & Interests

Tutoring commitment is a minimum of two hours per week. Coming twice a week allows the student to have the same tutor for both his/her sessions. We will expect tutors to be present a minimum amount of 85% of the time.

Number of times per week you are available for tutoring: ____ 1 time/week ____ 2 times/week

Please check all the days you are available: ____ Mon. ____ Tues. ____ Wed. ____ Thurs.

Please check sessions you are available to tutor: ____ 2:30 - 4:30 ____ 3:30 - 5:30

Please describe experience/skills (ie. former teacher, volunteer service, arts/crafts, theatre, hobbies, talents, interests) you may have to offer: _____

Do you speak any languages other than English? _____

Do you have a child/children eligible to be tutored at this program? _____

(Over)

REFERENCE CHECK

Please be aware that tutors work directly with students and must complete tutor training and have a successful background check before participating in tutoring. The background check should be done after completing both days of training. Please go to our website to find the following link http://www.coeusglobal.com/council_nycon_sentutors.html and follow the prompts. As a volunteer, you can decide whether you would like the Wizard's Wardrobe to pay for your background check or if you would like to cover the expense. Just click on the appropriate link.*

Please provide the names of two individuals who have knowledge of your character, personality and abilities to work with others. (please print clearly)

_____	_____
<i>Name</i>	<i>Address</i>
_____	_____
<i>E-Mail</i>	<i>Phone</i>
_____	_____
<i>Name</i>	<i>Address</i>
_____	_____
<i>E-Mail</i>	<i>Phone</i>

By signing below, I acknowledge that I have read the tutor commitment agreement and I am authorizing a Wizard's Wardrobe staff member to contact me about tutoring and other volunteer opportunities and training times. I consent to have my name added to the contact list.

Signed _____ Date _____

* You will find the 2019/20 tutor training schedule on our website: www.wizardwardrobe.org

Please send completed form to:

South End Neighborhood Tutors
PO Box 61
Albany, NY 12201
Att: Program Director