



# Tutor Application

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Gender M F

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

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

Student? Y N If yes, where? \_\_\_\_\_ Grade level? \_\_\_\_\_

Sponsoring Agency (non-profit, college, business)? \_\_\_\_\_

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.*

Times per week I am available for tutoring: \_\_\_\_\_/week

Please list all days available: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs

Times per month I am available for other activities: \_\_\_\_\_/month

Identify other areas of interest, specific activities or skills: \_\_\_\_\_

\_\_\_ Committee \_\_\_ Maintenance \_\_\_ Substitute Tutor \_\_\_ Store Involvement \_\_\_ Board

If committee, which one: (Development, Program, Property)

Please describe experience/skills for items checked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 training and have a successful background check before participating in tutoring. This background check may be done before or after taking the training. Please go to [http://www.coeusglobal.com/council\\_nycon\\_sentutors.html](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.*

_____ <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 \_\_\_\_\_

Please send completed form to:

South End Neighborhood Tutors  
PO Box 61  
Albany, NY 12201