

VOLUNTEER REPORT

Reporting Period (month/year): _____

. You may mail it USPS, use interlibrary mail or fax it to us at 631-286-1668

Tutor Information:

First Name: _____

Last Name: _____

Email Address: _____

Tutoring Location: _____

Status:

() I am tutoring for Literacy Suffolk.

() I am testing for Literacy Suffolk.

Non-Instructional Volunteer Hours:

(Enter the number of hours you spent on each task)

Preparing Lessons _____

Testing _____

Tutor Support Meetings _____

Tutor Mentoring (helping other tutors) _____

Number of Tutoring Hours: (indicate number for each month)

Student 1: (Last, First) _____

Student 2: (Last, First) _____

Total # of hours _____

Total # of hours _____

Please advise your coordinator of any changes in your student's status –

- Contact information, employment status, citizenship, etc.

Please let us know if you have referred your students to other community services.

Other Volunteer Opportunities: We welcome you to volunteer for Literacy Suffolk in other ways if you are able.

Please check if you'd be interested in any of the following:

() Be a mentor to first-year tutors

() Train as a certified tester

() Represent Literacy Suffolk at volunteer fairs

() Facilitate a conversation group for ESOL learners

Literacy Suffolk, Inc. 627 North Sunrise Service Road Bellport, NY 11713

631-286-1649 fax 631-286-1668