



3701 Pacific Ave. Suite 500, Virginia Beach, VA 23451 · office@sdf.email · (757) 437-0733

Tutor Information (Please Print)

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

(____)____-____ Cell Phone (____)____-____ Home Phone (____)____-____ Work Phone

Email Address _____

Street Address _____ Apt./Unit _____

City _____ State _____ Zip Code _____

Date of Birth

Education

Highest grade completed in school _____

Degree _____ School _____ Year Graduated _____

Currently in school pursuing _____ Degree at _____ Univ/College

Estimated Date of Completion _____

Employment/volunteer opportunities which contributes to your preparation for this opportunity

Job Title/Company	Date	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been terminated from a job? YES NO

If yes, please explain cause for dismissal _____

Eligibility and Availability

Why do you want to volunteer for Sinkinson Dyslexia Foundation?

In what capacity would you like to volunteer (check all that apply)?

____ Become a tutor ____ Help at events ____ Offer professional services

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, please explain _____

Would you submit a background check if necessary? YES NO

Do you know of anything that would prevent you from meeting with a student on a regular, weekly, basis until completing the tutoring commitment (at least 60 hours)? YES NO

Answering NO to this question does not automatically disqualify you from being eligible to volunteer. If you answered YES, please explain: _____

Professional References: Please list people who have known you for at least two years. No relatives please.

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____

How did you hear about Sinkinson Dyslexia Foundation? _____

I certify that the above information is true in all respects and I agree that if I am accepted as a volunteer, and it is found to be false in any way, that I may be subject to termination from Sinkinson Dyslexia Foundation. I understand that completion of this application is not a guarantee of acceptance as a volunteer tutor. I agree that my intention to take the training provided by Sinkinson Dyslexia Foundation is not to be able to provide reading instruction for profit, but to give free instruction to the Foundation's student(s). I understand that Sinkinson Dyslexia Foundation is an alcohol and drug-free workplace and volunteer zone.

Signature: _____ Date: _____