

Volunteer Tutor Application

Name	DOB (month/day)/_		
Email			Gender: M F
Cell Phone	Home Phone_		
Preferred Contact: home phone	email	cell phone	text
Street Address			
City			
Student? Y N If yes, where?		Undergrad/yr	Grad/yr
Employer	Pho	ne	
Number of times per week you are available f Please check all the days you are available: _			
Please check times you are available to tutor:	2:30-4:30	3:30-5:30	
Please describe experience/skills (i.e. teacher, offer:			
Do you speak any languages other than English	sh?		
Do you have a child/children eligible for our p	program?	Y N	

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. You will be asked to fill out a form for this once you have completed the training.

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

Address		
Phone		
Address		
Phone		
ardrobe staff member to contact me about tutoring and other sent to have my name added to the contact list.		
Date		
2		

*You will find the tutor training schedule on our website: www.wizardswardrobe.org

Please send complete form to:

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