

Tri-State Literacy Council Tutor Profile

2010



First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Mobile/Message _____

Work Phone _____ Ext. ____ Fax Number _____

May we contact you at work? _____ Business Name _____

E-mail Address _____

Gender _____ Birth Date _____

Education (circle last year completed): 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: Fr. So. Jr. Sr. + Degree _____

Other Education or Special Knowledge/Skills _____

Where did you hear about the program? _____

I can meet my student at these libraries:

- | | | |
|---|--|---|
| <input type="checkbox"/> Main | <input type="checkbox"/> Barboursville | <input type="checkbox"/> Cox Landing |
| <input type="checkbox"/> Gallaher Village | <input type="checkbox"/> Guyandotte | <input type="checkbox"/> Milton |
| <input type="checkbox"/> Salt Rock | <input type="checkbox"/> West Huntington | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> CK | <input type="checkbox"/> Chesapeake | <input type="checkbox"/> Drinko (Marshall U.) |
| <input type="checkbox"/> Other _____ | | |

I prefer to meet my student on these days (circle): M T W Th F S

I prefer to meet at these times: Morning Afternoon Evening

I am sensitive to tobacco smoke. yes no Other sensitivity: _____

I will consider tutoring a work-release or home confinement student. yes no

Other ways I am willing to help:

- | | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> hospitality | <input type="checkbox"/> fundraising | <input type="checkbox"/> training tutors | <input type="checkbox"/> office help |
| <input type="checkbox"/> math tutor | <input type="checkbox"/> ESL tutor | <input type="checkbox"/> newsletter | <input type="checkbox"/> website |
| <input type="checkbox"/> Facebook page | <input type="checkbox"/> other _____ | | |

Comments _____

EMERGENCY CONTACT INFORMATION

Relationship to Tutor: _____

Address: _____

Person to Contact: _____

Telephone Number: _____

Other Number: _____