

Lake County Library Adult Literacy Program

1425 High St. LAKEPORT Ca. 95453

707-263-7633

TUTOR BACKGROUND SHEET

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Okay to call? \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Other languages you speak, read or write: \_\_\_\_\_

Education: \_\_\_\_\_

Tutor experience: \_\_\_\_\_

Other tutor related experience: \_\_\_\_\_

Are you able to help in any of the following? Fundraising? \_\_\_\_\_ Grant writing? \_\_\_\_\_

Office Assistance? \_\_\_\_\_

Employment: Past? \_\_\_\_\_ Current? \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of birth? \_\_\_\_\_

Are you a member of any community organizations? \_\_\_\_\_

Reasons you want to tutor: \_\_\_\_\_

Tutoring Preference-days: Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Time(s) available? \_\_\_\_\_

Learner Preference: Non-smoking \_\_\_\_\_ Smoking \_\_\_\_\_ Doesn't matter \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Doesn't matter \_\_\_\_\_

Children \_\_\_\_\_ Family \_\_\_\_\_