

For office use only

Assessed Date _____
Revised Mar 2023

Matched with _____
Date _____



LEARNER APPLICATION

Learner's Name _____

Date of Birth (dd/mm/yy) _____

Adult contact name _____

Relationship to learner _____

Is anyone else involved in decision-making for this learner?

Address and Box # _____

Phone Number: Home _____ Work _____

E-mail Address _____

Learner's Current Grade _____ School _____

Learner's interests and hobbies _____

School Assistance? _____

School Assessments? Results? _____

What do you hope to achieve with a tutor? _____

Do you have a preference for where learning assistance will take place? (Name of town and location) _____

We match volunteers to learners, in part, by geographic area. How far are you willing to travel? (town/distance) _____

Is there anything else we should know about in order to meet the needs of this learner? _____

How did you hear about our program? _____

Would you consider making a donation to our organization to assist us with providing this service? _____ (A charitable receipt will be provided.)

If you are interested in becoming involved with the SGBYLC you could:

- Become a learning assistant
- Help with fundraising events
- Become a member of our board

Parent /Learner Contract

- ◆ I understand that the volunteer cannot discuss the learner by name, or by any identifying description, with friends, family or other agencies, unless the tutor has specific permission from me. (Confidentiality Agreement)
- ◆ If I have any problems or concerns, I will bring them to the attention of the Youth Coordinator.
- ◆ I am willing to make a commitment to the learning arrangement and agree to keep in touch with the Literacy Council, especially if the match is not meeting my expectations.
- ◆ I am willing to release the following information to the South Bruce Grey Youth Literacy Council to assist the Youth Literacy Program in meeting my son or daughter's academic and educational needs:
 1. My phone number as a contact to maintaining learning sessions
 2. Student's interests, hobbies
 3. Educational background
- ◆ I understand this information will remain on file but will be shared with our tutor at a match meeting in the interest of benefiting my child's education.
- ◆ I understand that all learning assistants/tutors with the program are volunteers and that they are not permitted to receive remuneration for their efforts on my child's behalf.

Parent/Guardian _____ Coordinator _____

Date: _____