

*For office use only*

Trained (date) \_\_\_\_\_  Police check \_\_\_\_\_  Reference Check \_\_\_\_\_

Matched with \_\_\_\_\_ Date \_\_\_\_\_

**Youth  
Literacy  
Program**



## Tutor Application

Name \_\_\_\_\_

Date \_\_\_\_\_

Full Mailing Address: Box # or Rural Route \_\_\_\_\_

Street Address or Fire Number \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Text-enabled?      Yes No              Yes No              Yes No

E-mail Address \_\_\_\_\_

Best way to reach you \_\_\_\_\_

Age     Under 19             19-29             30-45             46-59             over 59

Work Experience:  Student     Retired     Current employer, if applicable

Level of Education: \_\_\_\_\_

Have you ever tutored before? \_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

Do you have a preference for your learner (i.e., age, male, female; age range)

In which geographical area(s) could you tutor?  Walkerton     Durham     Hanover

Chesley     Teeswater     Mildmay     Ayton     Paisley     Other \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

When are you available to tutor? \_\_\_\_\_

Are you willing to undergo a vulnerable sector screening (police check)? \_\_\_\_\_  
(the cost is reimbursed to you)

Are you available for tutoring in the summer?    Yes     No

How did you hear about our program? \_\_\_\_\_

The Youth Literacy Program could use your help in other ways as well. Are you able to assist with any of the following?

- Promotional eg. distributing pamphlets, posters
- Fundraising events
- Public speaking about literacy
- Becoming a member of the Board of Directors or joining a working group

Please supply contact information for two references who are not relatives:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (Other)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (H) \_\_\_\_\_ (Other)

### **Volunteer Contract**

- ◆ I understand and agree that as a volunteer with the South Grey Bruce Youth Literacy Council, I must hold in strict confidence any information about my student, as well as any other students and tutors in the program. I will not discuss my student by name, or identifying description with friends, relatives or any other agencies, unless I have permission from my learner.
- ◆ I agree to take part in an initial training session to prepare me for this position and to attend other on-going training opportunities that are provided throughout my time with the Youth Literacy Program.
- ◆ If I have any problems or concerns, I will bring them to the attention of the Coordinator.
- ◆ I am willing to make a one-year commitment to tutoring and agree to keep in contact with the Council. I agree to notify the Council when I cease meeting with my learner or am unable to continue tutoring.
- ◆ I am willing to undergo a police check, the cost of which will be reimbursed to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date