



THE LITERACY GROUP

MORE THAN READING

www.theliteracygroup.com

Volunteer Tutor Application

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell # _____ E-mail: _____

Fax: _____

Date of Birth (for statistical purposes only) _____

Please attach a resume outlining your education, work and volunteer experience.

Choose one or more tutoring roles that you would like to take on.

- | | |
|---|--|
| <input type="checkbox"/> Independent Learning Group (ILG) | <input type="checkbox"/> Group Facilitator Assistant |
| <input type="checkbox"/> Modular Group Facilitator | <input type="checkbox"/> One to One Tutor |

How did you hear about TLG? Check all applicable boxes.

- | | |
|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Volunteer Action Centre |
| <input type="checkbox"/> Volunteer Fair | <input type="checkbox"/> TLG Website |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Other Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

1. Why are you interested in becoming a tutor with The Literacy Group?

Tutor Application

2. What do you hope to gain from volunteering with The Literacy Group?

3. What do you foresee as possible challenges for yourself as a tutor?

4. What skills, interests and experiences do you have that would be useful in your work as a tutor and why?

6. When are you available to volunteer?

Mornings Afternoons Evening Weekends

Which day(s) are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Weekends

Location:

Cambridge Kitchener Other

On page 3, please provide two (2) individuals as **references**. Please fill in all the required information, including address and postal code. A reference form will be e-mailed/mailed to the persons you have listed. **Please do not provide family or relatives as references.**

Tutor Application

Reference #1:

Name: _____

Address: _____

_____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Relationship: _____

Send Reference By:

Fax Mail E-mail

Reference #2:

Name: _____

Address: _____

_____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Relationship: _____

Send Reference By:

Fax Mail E-mail

I give The Literacy Group of Waterloo Region permission to contact the people listed above as references to establish my suitability as a volunteer.

Have you ever been convicted of a crime that is violent or sexual in nature?

Yes No

Signature: _____ Date: _____

For office use only

Date application received: _____ Interview date: _____

References Sent: _____ Reference 1 received: _____

Reference 2 received: _____