



# NEW CASTLE • HENRY COUNTY PUBLIC LIBRARY

## Adult Learning Center Volunteer Tutor Application

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Highest school grade completed \_\_\_\_\_

Preferred day(s) to tutor  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Preferred time(s)  9am-12pm  12pm-4pm  4pm-7pm

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Why do you want to be a tutor? \_\_\_\_\_

What could you teach?  Reading  Math  ESL  Pre-TASC  Life Skills  Citizenship  Other\_\_

What interests/skills/hobbies could you share? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

How did you hear about us?  Social Media  Friend/Relative  Newsletter  Courier-Times  Other\_\_

**Being a tutor for the New Castle-Henry County Public Library Adult Learning Center is an important commitment to the future of my student(s).**

- 1. I will arrive on time for my tutoring sessions.**
- 2. I will do my best not to cancel a tutoring session, but if I must, I will notify my student and the Adult Learning Center no less than four (4) hours before the session is to start.**
- 3. I authorize a background check before I am approved to be a tutor.**
- 4. I agree to conduct all tutoring sessions in a public place.**

**I understand and agree to the requirements to become an Adult Learning Center tutor:**

Signature \_\_\_\_\_ Date \_\_\_\_\_