

TUTOR BACKGROUND SHEET

Lake County Library Adult Literacy Program
1425 High Street Lakeport, CA 95451
707 263-7633

Date: _____

Name: _____

Birthdate: _____ Gender: _____ Ethnicity: _____

Highest Degree or Diploma earned: _____

How did you hear about us? _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ok to call? _____

E-Mail: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

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Other languages you speak, read or write: _____

Tutor experience: _____

Other Tutor related experience: _____

Are you able to help in any of the following areas?

Fundraising _____ Grant writing _____ Office Assistance _____

Employment: Past? _____ Current? _____

Are you a member of any community organizations? _____

Reasons you want to tutor: _____

Nearest Library? _____

Tutoring Preference-Days: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Time (s) available? _____

Learner Preference: Non-smoking ___ Smoking ___ doesn't matter ___

Male ___ Female ___ doesn't matter ___

Children ___ Family ___