**Volunteer Tutor Application Form**

**Name**:

**Contact**:

Mailing address:

Home phone:

 Cell phone:

 Email:

How do you prefer to be contacted?

* Home phone
* Cell phone
* Text
* Email
* Other

In case of an emergency, who should we contact?

Name:

Relationship to you:

Contact:

**About You:**

Year of Birth or Birthdate:

Gender Identity:

* Male
* Female
* Other
* Prefer not to disclose

Education:

* High school
* Post-Secondary
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or most recent occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies and interests:

Previous volunteer experience:

Please tell us more about why you are interested in volunteering with the Community Adult Learning Program. Select your primary motivation:

* I want to contribute to my community
* I want to make use of my personal skills and experience
* I have a personal connection to literacy and foundational learning
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutoring Preferences:**

The Community Adult Learning Program provides support to adult learners in the following Literacy and Foundational Learning categories. Please select all categories that you are interested in tutoring:

* Adult Literacy
* Numeracy
* English Language Learning
* Basic Digital Skills
* Skills for Learning

The Community Adult Learning Program offers one on one and small group tutoring. Please indicate your preference:

* One on one
* Small groups
* Both

Do you have experience tutoring in a one on one or small group setting?

* Yes
* No

If yes, please provide an example. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**

Please select the community or communities where you are interested in volunteering.

* Rural 1
* Rural 2
* Rural 3
* Rural 4

The Community Adult Learning Program encourages tutors to meet with their learners at LOCATION 1, LOCATION 2 or LOCATION 3. Which location is most convenient for you?

* LOCATION 1
* LOCATION 2
* LOCATION 3

**Availability:**

The Community Adult Learning Program asks for a minimum volunteer commitment of 6 months. Please indicate your long term availability to this program:

* 6 months
* 12 months
* 18 months
* Longer

Volunteer tutors meet with their learners once per week for approximately 1 to 2 hours. Which day(s) are you available to tutor?

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday

What time(s) are you available to tutor?

* Morning (9am – noon)
* Afternoon (noon – 4:30 pm)
* Evening (4:30pm – 9pm)

**Recognition**:

How would you like to be recognized for your contributions to our Community Adult Learning Program?

* Words
* Photos
* Small token of appreciation
* Training
* Connecting with other volunteers

**References:**

Reference 1 Name:

 Relationship to you:

 Contact information:

Reference 2 Name:

 Relationship to you:

 Contact information:

**How did you hear about us?**

Thank you for completing this volunteer application form. Please tell us how you heard about this volunteer opportunity:

* OPTION 1
* OPTION 2
* OPTION 3
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_