



Volunteer Registration Form

Please fill out form and return to director@pocolit.org or
 PCLC, 1209 Fremont Street, 209 Nelson Hall, Stevens Point, WI 54481

Date: _____

Basic Tutor Information		
Name:	Date of Birth:	Gender:
Address:	City:	Zip:
Email:	Phone (home or cell):	Profession/Employer:
Race/Ethnicity (optional): Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic (white) <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		
Emergency Contact Person:	Relationship:	Phone:

What is the highest level of education you have completed?

- High School Diploma
- Associate's Degree at a Technical School: _____ Field: _____
- Some College: _____
- B.A. or B.S. at a college or university - Major: _____ Minor: _____
- Other: _____

Have you studied any other languages? (please include proficiency level)

1. _____ Skill level: Low Conversational Proficiency Fluent
2. _____ Skill level: Low Conversational Proficiency Fluent

Why do you want to become an adult literacy tutor?

Have you ever tutored anyone before (adult or child)? Please explain.

What type of learner are you interested in tutoring?

Please indicate your skills and interests.

- Reading Writing Math/GED English Language Learning Learning difference

Please note any other information about yourself that may help us place you with a learner.
 (E.g. tutoring experience, cultural study, travel experience, strengths and weaknesses)

Are you willing/able to commit to tutoring for at least 6 months? Yes No

Student Preference: Male Female No Preference

Most tutors meet with their learners for 2-4 hours a week. Others meet longer. How often are you available to work with a learner? ___ hours/week ___ days/week

Where in Portage County are you willing to travel to tutor? (e.g. Stevens Point, Plover, Almond, Amherst, Rosholt, Junction City)

Do you have access to a car? Yes No

Preferred Day(s) & Times for Tutoring: *(Please check all that are applicable.)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
9:00-10:00 a.m.						
10:00-11:00 a.m.						
11:00 a.m. - Noon						
Noon - 1:00 p.m.						
1:00-2:00 p.m.						
2:00-3:00 p.m.						
3:00-4:00 p.m.						
4:00-5:00 p.m.						
5:00-6:00 p.m.						
6:00-7:00 p.m.						
7:00-8:00 p.m.						

How soon can you begin tutoring?

Is there any time of year that you are not available?

Do you have a medical condition that may impact tutoring? ___ Yes ___ No
Please explain.

Have you ever been convicted of a crime? ___ Yes ___ No
If yes, what was the nature of the crime and the date of conviction?

Please list two personal or professional references that we can contact:

Name: _____ Relationship: _____ Phone: _____

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Please indicate your agreement to the below terms of volunteering:

- I consent to a routine background check before being placed with a learner.
- I agree to do my best to volunteer with PCLC for at least 6 months.
- I agree to meet with my learner in a public location.
- I agree to treat my learner with respect and keep private information confidential.

Signed: _____ **Date:** _____

-----**Office Use Only**-----

Learner Match: _____ **Date Matched** ____/____/____