



Tutor Registration Form

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

Basic Tutor Information		
Name:	Date of Birth:	Gender:
Address:	City:	Zip:
Email:	Phone (home or cell):	Profession/Employer:
Race/Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <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 (year): _____ - Major: _____ Minor: _____
- 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?

- English Language Learner Reading Writing Math/GED Learning difference

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

Learner Preference: Male Female No Preference

Do you have access to a car? Yes No

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

Are you willing to tutor online from home with training? Yes No

Do you have any of the following devices?

- Smartphone Tablet Computer Laptop Other: _____ None

Questions? Contact PCLC at 715-345-5341.

Do you have easy access to an internet connection at home? Yes No

Are you able to tutor for at least 6 months and preferably a year? Yes No

How often per week would you be willing to tutor? # days: _____ # hours: _____

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

If yes, 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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How did you hear about PCLC?

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 and preferably a year.
- I agree to meet with my learner in a public location. I will not give my learner rides to/from tutoring.
- I agree to treat my learner with respect and keep private information confidential.

Signed: _____ Date: _____

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

Learner Match: _____ Date Matched ____/____/____