

ADULT LEARNING CENTER, USD 383  
205 S. 4<sup>th</sup> STREET, UPPER LEVEL, MANHATTAN, KS 66502  
(785) 539-9009 FAX; (785) 539-0119

## VOLUNTEER/TUTOR APPLICATION FORM – FY13

DATE: \_\_\_\_\_

### GENERAL INFORMATION:

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Number & Street City State Zip

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you hear about the ALC? \_\_\_\_\_

Previous volunteer/tutoring experience? \_\_\_\_\_

What languages, other than English, do you know and / or speak? \_\_\_\_\_

*Please check all that apply to you.* Employed: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Retired \_\_\_\_\_  
Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Homemaker \_\_\_\_\_ Other \_\_\_\_\_

**EDUCATION** (*check the highest diploma/degree achieved*): HS Diploma \_\_\_\_\_ GED \_\_\_\_\_

Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_ Ph.D/Ed.D Degree \_\_\_\_\_

Major? \_\_\_\_\_ Is volunteering a class requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a teaching certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

### **WHICH OF THE FOLLOWING INTERESTS YOU?** (*Please check all that apply*)

ESL 1 on 1 Tutoring \_\_\_\_\_ ABE/GED 1 on 1 Tutoring \_\_\_\_\_ ESL Classroom Aide \_\_\_\_\_

ABE/GED Classroom Aide \_\_\_\_\_ Office \_\_\_\_\_ **Subjects:** Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Date that you are available to begin: \_\_\_\_\_ Date that you are no longer available: \_\_\_\_\_

Hours and days that you prefer to volunteer: \_\_\_\_\_

How long of a commitment are you able to make? \_\_\_\_\_

***Please complete the other side of this application.***

**EMPLOYMENT HISTORY** (Begin with current or most recent job. Attach resume if applicable.)

**Employer** \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer** \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

**VITAL STATISTICS** (This section is optional; however the information you provide is helpful when matching students and tutors.)

<u>ETHNICITY</u>	<u>AGE</u>	<u>GENDER</u>
American Indian or Alaskan Native _____	Less than 25 _____	Male _____
Asian _____	25-35 years _____	Female _____
Native Hawaiian or Pacific Islander _____	35-50 years _____	<b><u>DISABLED</u></b>
Black or African American _____	50-65 years _____	Yes _____
Hispanic or Latino _____	over 65 years _____	No _____
White _____		

**REFERENCES:**

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

*The information on this application is true and has been completed to the best of my ability. I give permission for the ALC staff to check my references and to verify my education and work experience.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

