



Vermilion River  
**CLASS**

Community Learning for Adult Students Society

Application Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Accepted:  Yes  No

## Tutor Profile

Name: \_\_\_\_\_  
First Last Commonly Used First Name

Address: \_\_\_\_\_  
Street Town Province Postal Code

Phone: \_\_\_\_\_ (hm) \_\_\_\_\_ (cell) Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age:  0-19  20-34  35-54  55-64  65+  
Month Day Year

Gender:  Male  Female  Prefer Not To Disclose

### Emergency Contact Info:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### What Language(s) do you speak?

First Language \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

### Schooling in Canada:

- Grades 10-12  Post Secondary Graduate What did you study? \_\_\_\_\_  
 High school graduate  
 Some Post Secondary

### Tutor's Occupation?

- Employed: (where?) \_\_\_\_\_  
 unemployed  
 retired: (previous employment) \_\_\_\_\_

### Days you could meet with a student? (Check all that apply)

- Monday  Wednesday  Friday  Sunday  
 Tuesday  Thursday  Saturday

### Times you could meet with a student? (Check all that apply)

- Morning  Evening  
 Afternoon

### How often?

- Once per week  
 Twice Per Week

Do you drive?  Yes  No

### Location you would prefer to tutor: (Check all that apply)

- Public Library  Restaurant  CLASS Office Learning Lab  Other \_\_\_\_\_

**Why are you interested in tutoring? (check all that apply)**

- Experience/Resume
- Education/Professional Development

- Personal
- Other \_\_\_\_\_

**What are your teaching preferences? (check all that apply)**

- Male
- Female
- Younger Adult
- Older Adult
- Learning Disabilities
- Special Needs
- List Other Concerns (ex. Smokers)

- Literacy
  - Grades 0-3
  - Grades 4-8
  - Grades 9+
- English Language Learner
  - Beginner
  - Intermediate
  - Advanced

\_\_\_\_\_

List any teaching/tutoring experience and training you may have: \_\_\_\_\_

List any volunteer work you have been involved in: \_\_\_\_\_

What are your special interests/hobbies? \_\_\_\_\_

Other Comments? \_\_\_\_\_

**References (Name & Phone Number)**

1. \_\_\_\_\_ # \_\_\_\_\_

2. \_\_\_\_\_ # \_\_\_\_\_

I authorize CLASS to contact me regarding tutoring, training and other correspondence (via phone, texts and/or emails):

- Yes
- No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date