



RETURNING TUTOR APPLICATION

It's great to have you back! Thanks for your continued support of our students!

We need you to complete this form annually in case our records are incomplete. We greatly appreciate your cooperation! Please print legibly.

Contact Information:

First Name: _____ Last Name: _____

Nickname (for name tag): _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Work or Cell phone) _____

Email: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

General Information:

Gender: Male Female Prefer Not to Answer Other Birth date: ____ / ____ / ____

Ethnicity: American Indian or Alaskan Native Asian Black or African American Pacific Islander

Hispanic or Latino White or Caucasian Multiracial Other _____

Other language proficiency: _____

Do you or have you ever had a teacher's license? Yes, currently. Yes, in the past. No, never.

Education (Please only answer for highest level)

High School: _____ Enrolled Completed

College: _____ A.A. B.S. B.A. Enrolled Completed

Graduate School: _____ M.A. J.D. Ph.D. Enrolled Completed

Occupation:

Currently Employed at _____ Not Currently Employed

Retired from _____

Preferred Tutoring Site(s):

John A Johnson Hope Community St Paul Music Community of Peace Bruce Vento

Schedule Options (Check Available Options):

Times Available	Monday	Tuesday	Wednesday	Thursday
8:00 – 10:00 AM				
10:00 – 12:00 PM				
12:00 – 1:00 PM				
1:00 – 3:00 PM				
3:00 – 5:00 PM				

Are you also available to substitute tutor occasionally?

Yes No

I would like to volunteer: 1 hr/week 1 – 2 hrs/week 2 – 3 hrs/week 3 – 4 hrs/week 4+ _____

My tutor shifts can be: 1 day a week 2 days a week 3 days a week 4 days a week

ALL VOLUNTEER APPLICANTS AND PARENTS OR GUARDIANS OF VOLUNTEERS WHO ARE MINORS PLEASE READ, SIGN, AND DATE THE FOLLOWING:

All potential volunteers will be interviewed prior to being accepted. This is a selection process and not all applicants are accepted into the program. All volunteers will participate in the initial training process.

By signing below, I certify, to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I/applicant complete during the application process is true and correct.

(Applicant Signature)

(Date)

(Print name of Applicant)

Applicant is under 18. She/He has my permission to become a volunteer.

(Parent/Guardian's Signature)

(Date)

(Print name of Parent/Guardian)

Please call the volunteer coordinator for additional information: 651-793-7364

Please email applications to lauren.johnsen@spps.org

Applications can also be faxed to 651-793-7310 or mailed to:

**East Side Learning Center
740 York Ave, St. Paul MN 55106**