



Literacy Society of South Muskoka

690-2 Muskoka Road South

Gravenhurst, Ontario

P1P 1K2

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TUTOR INFORMATION FORM

Date: _____

Office Use: Application # _____

NAME: _____

ADDRESS: _____

_____ Postal Code: _____

Home phone: _____

Work phone: _____

May we call you at work? _____

E-MAIL: _____

WORK EXPERIENCE: _____

SPECIAL SKILLS OR INTERESTS: _____

Have you ever taught adults? _____

Do you speak another language? _____ If so, what? _____

Is transportation a problem? _____

Can you begin tutoring immediately? _____

Available for tutoring: Daytime Evenings Weekends

Preferred days for tutoring: _____

How many times can you tutor each week? _____

Do you have a student you are planning to tutor? _____

In what geographic area(s) are you willing to tutor? _____

Is there a particular type of student you would prefer? _____

Are you willing to commit yourself to tutoring for a year? _____

Can you volunteer in any other area for the Society?

Executive _____ Publicity _____ Refreshments _____ Fundraising _____

Would you be interested in taking further training to become a tutor trainer? _____

How did you hear about this tutoring program? (Be specific) _____

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**Pledge of Confidentiality**

**I understand and agree that in the performance of my duties as a volunteer with the Literacy Society of South Muskoka, I must hold in strict confidence any information regarding learners, tutors, employees and others associated with this program.**

\_\_\_\_\_  
**Signature**

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Student _____ **Date** _____

Lessons Started _____ **Terminated** _____

Reason for termination _____

Tutor Training Attended _____
