



Woodland Public Library

Literacy Service

Tutor Information Sheet

Date _____

Name _____

Address _____

Number _____ Street _____ Apt _____

City _____ State _____ Zip Code _____

Phone Home (____) _____ Hours _____

Work (____) _____ Hours _____

Cell (____) _____ Hours _____

Are there special instructions for leaving messages? _____

E-mail _____

E-mail will be used to provide Literacy Service communications.

How did you hear about Literacy Service? _____

Availability

When would you be available for tutoring? **(Please write down a block of time)**

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | |

Language & Preferences

Can you speak, read or write a language other than English? Yes No

What language(s)? _____

Do you have a student preference? Male Female No preference

Do you have a level preference? Yes No If yes, what level? _____

Would you feel comfortable tutoring a student where English is their second language? Yes No

At which library do you prefer to meet? _____

Are you willing/able to meet at any other libraries? Please check all that apply.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Davis | <input type="checkbox"/> Winters |
| <input type="checkbox"/> Esparto | <input type="checkbox"/> Woodland |
| <input type="checkbox"/> Knights Landing | <input type="checkbox"/> Yolo |

Education

Briefly describe your educational background.

What abilities and desires do you possess that will contribute to your tutoring?

Demographics

Provision of the following information is voluntary. Our funders ask us to report the following information.

Gender: Male
 Female

Racial/Ethnic Group: Asian American/Asian
 African American/Black
 Hispanic/Latino
 Native American
 Pacific Islander
 Caucasian
 Other _____

Age Group: 16-19
 20-29
 30-39
 40-49
 50-59
 60-69
 70+

Date of Birth: _____

Declined to state

Office Use

Learner Name: _____

Phone Number: _____

Hours: _____

Location: _____

Start Date: _____

End Date: _____

Learner Name: _____

Phone Number: _____

Hours: _____

Location: _____

Start Date: _____

End Date: _____