



Porterville Public Library Literacy Program

TUTOR BACKGROUND INFORMATION

(To be filled and brought into the Adult Literacy Center)

Today's Date: _____
Month Day Year

Name: _____

Address: _____
Number Street Apt. #

City Zip Code

Phone numbers where you prefer to be reached:	Home: () _____ - _____	Hours: _____
	Work: () _____ - _____	Hours: _____
	Other: () _____ - _____	Hours: _____
	E-Mail address: _____	
Fax Number: () _____ - _____		

Special Phone/Message instructions: _____

Gender: ____ Female ____ Male **Date of Birth:** Mo. ____ Day ____ Yr. ____

What is your age group? ____ 16-19
 ____ 20-29
 ____ 30-39
 ____ 40-49
 ____ 50-59
 ____ 60-69
 ____ 70-79
 ____ 80+

What is your racial/ethnic group?
 ____ African-American
 ____ Asian
 ____ Caucasian
 ____ Hispanic/Latino
 ____ Native American/Alaskan Native
 ____ Pacific Islander
 ____ Other (specify): _____

How did you learn of our program?	____ Other program Participants	____ Family or friends
	____ Library	____ Radio/TV
	____ Co-workers	____ Newspaper/magazine
	____ Church or Community Organization	____ Dept. of Rehabilitation

Other: _____

Do you have children in your household (Include grandchildren, nieces, nephews, etc.)?
 ____ Yes ____ No How many? _____ What ages? _____

Employment Status: (Circle all that apply).

Full-time	Part-time	Unemployed	Retired
Homemaker	F/T Student	Disabled	Self-employed

How much schooling have you had? _____ Highest grade completed? _____
Certificate/Degree _____

Have you ever tutored adult learners before? ____Yes ____No

Where? _____

When? _____

How long? _____

Tell us about your experiences:

Are you a member of any community groups or civic clubs? ____Yes ____No

If yes, please list them:

Please write a brief paragraph on why you decided to help someone improve their reading and writing skills:

Could you volunteer in other areas of the program: Office help, making phone calls in the program? ___Yes ___No

Other skills you might contribute:

Would you be interested in tutoring basic math? ___Yes ___No

Any special preferences? Please explain.

When would you be available for tutoring?

(Please fill in AM and PM hours when you will be available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Comments: _____

Learner Assignment:

1. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

2. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

Learner Assignment (Continued):

3. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

4. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

5. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

6. Learner's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

