



TUTOR TRAINING COURSE REGISTRATION

Name (Last, First): _____ Female Male

Address, City, State, Zip: _____

(_____) - _____ (_____) - _____ (_____) - _____
(Home phone) (Work phone) (Cell phone)

E-mail: _____ How you heard about us: _____

Date of Birth: ____/____/____ Race/Ethnic Group: _____

Employment Status (circle one): F/T, P/T, Unemployed, Unavailable, Retired

Employer: _____ Occupation: _____

Availability for Tutor Training classes (circle all choices): Days Evenings Saturdays

Year of HS Graduation or GED: _____ School: _____

Education Level, Training or Degrees (circle, or enter info for highest achieved):

HS Diploma Undergraduate Degree: _____

IEP Diploma Graduate Degree: _____

Some College Associates Degree: _____

Relevant volunteer or life experience: _____

City(s) you would be able to tutor in (circle choices):

Oswego Fulton Phoenix Central Square Brewerton Parish
Mexico Lacona Pulaski Sandy Creek Others: _____

Learner Preference (circle all choices): Female Male

Preferred tutoring time (circle all choices): Morning Afternoon Evening

After completion of the tutor training, I agree to tutor an adult learner in the Literacy Volunteer program for a minimum of 2 hours per week for one full year or 100 hours.

I understand this commitment is necessary and important to the learning process, the goals of the learner, and to the Literacy Volunteer Program. I certify I have no record of convictions of a sex offense, or a crime of violence. I understand and agree that all records pertaining to learners will be kept confidential and only shared with LVOC staff.

(Signature)

(Date)

Upon completion of this form, please return along with a \$25.00 course fee (made payable to Literacy Volunteers of Oswego Co., Inc.) to:

**Literacy Volunteers of Oswego County
34 East Bridge Street, Suite 301
Oswego, New York 13126**