

☐ Trained (date) _____ ☐ Police check _____ ☐ Reference Check _____

Matched with _____ Date _____

Tutor/Learning Assistant Application



Name: _____

Date: _____

Full Mailing Address: Box # or Rural Route _____

Street Address or Fire Number: _____

Town _____ Postal Code _____

Phone Number (H) _____ (W) _____ (Cell) _____

Text-enabled? (H) Yes ☐ No ☐ (W) Yes ☐ No ☐ (C) Yes ☐ No ☐

E-mail Address: _____

Best way to reach you: _____

Age ☐ Under 19 ☐ 19-29 ☐ 30-55 ☐ over 55

Work Experience: ☐ Student ☐ Retired ☐ Current employer, if applicable

Level of Education: _____

Have you ever tutored before? _____

Interests and Hobbies _____

Learner preference (eg., gender; age range; grade range) _____

In which geographical area(s) could you tutor? ☐ Walkerton ☐ Durham

☐ Hanover ☐ Chesley ☐ Teeswater ☐ Mildmay ☐ Kincardine ☐ Port Elgin

☐ Ayton ☐ Paisley ☐ Markdale ☐ Flesherton Other _____

Do you have transportation? _____

When are you available to tutor? (usually weekdays Mon – Thu 4-6 pm)

Are you willing to undergo a vulnerable sector screening (police check)? ☐ Yes ☐ No

(the cost is reimbursed to you)

Are you available in the summer? ☐ Yes ☐ No

Do you need a record of volunteer hours? ☐ Yes ☐ No

How did you hear about our program? _____

The Youth Literacy Program could use your help in other ways as well. Are you able to assist with any of the following?

- ☐ Promotional eg. distributing pamphlets, posters ☐ Fundraising events
☐ Becoming a member of the Board of Directors or joining a working group

Please supply contact information for two references who are not relatives:

Name
Address
Phone Number (H) (Other)

Name
Address
Phone Number (H) (Other)

Volunteer Contract

- ◆ I understand and agree that as a volunteer with the GB Youth Learning Services, I must hold in strict confidence any information about my student, as well as any other students and tutors in the program. I will not discuss my student by name, or identifying description with friends, relatives or any other agencies, unless I have permission from my learner.
- ◆ I agree to take part in an initial training session to prepare me for this position and to attend at least one, on-going training opportunity annually that is provided throughout my time with the BGYLS.
- ◆ If I have any problems or concerns, I will bring them to the attention of the Coordinator.
- ◆ I am willing to make a one-year commitment to tutoring and agree to keep in contact with the Council. ***I agree to notify the Council when I cease meeting with my learner or am unable to continue tutoring.***
- ◆ I am willing to undergo a police check, the cost of which will be reimbursed to me.

Click here to enter text.

Signature

Click here to enter text.

Date