

Date _____

South Plainfield Public Library Tutoring Application

Name _____

Gender _____

Grade and School _____

Phone Number(s) _____

E-Mail Address _____

Emergency Contact:

Name _____

Relationship to You _____

Number _____

Have you volunteered as a tutor in the past? Please circle: YES NO

Please explain why you would like to volunteer as a tutor: _____

Date _____

What subjects are you most comfortable helping your student (Gr. 2-5) in?

Independent – You will be working under minimal supervision, so you must be capable of fulfilling your responsibilities with no immediate guidance. Please describe how you fulfill this quality.

Do you speak a language in addition to English? If yes, what language?

Date _____

Is there anything else about yourself, your experience, or your abilities that you would like to share? _____

Times and Days Available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____