



Shasta Literacy – Volunteer Tutor Application

Thank you for your interest in Shasta Literacy, a program of the Shasta Public Libraries!
The information you provide here will help us register you in our program and match you with an adult learner (or a child-parent pair) whose limited literacy is an issue in their everyday lives.

First, some general information for our records:

Today's Date _____

Your name _____

Address _____

Number

Street

Apt #

City

State

Zip

What is the best way to reach you? Please check all that apply.

Home phone _____ Work phone _____

Cell phone _____ Email _____

When is the best TIME to reach you? _____

Emergency contact name and phone _____

I understand that if I become a tutor, I am making a six-month volunteer commitment. (This does NOT mean you can't go on vacation, etc. Please ask if you have questions about our expectations.)

I understand that I will be fingerprinted and background-checked, at no charge to me, before I can volunteer at the Shasta Public Library. Again, we are happy to answer any questions.

How did you hear about the program? Please share the person or group so we can thank them!

An adult learner(s): _____

Church or community organization: _____

Family or friends: _____

Library: _____

Newspapers or magazine: _____

Online: _____

Volunteer Match

A tutor(s): _____

My workplace: _____

Radio or TV ads on: _____

Other _____

Please note:
Shasta Literacy carefully guards the privacy and personal information of both our adult learners and our tutors. We gratefully ask that you do the same.

Next, please provide the following information that is required for our reporting to the California State Library. We do not report your name along with this information.

Your birthdate: _____ (month, day, year)

Your age group?

- 16 – 19
- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 – 79
- 80 +

Your racial / ethnic group?

- Asian
- African American
- Caucasian
- Hispanic / Latino
- Middle Eastern
- Native American-Alaskan Native
- Pacific Islander
- Other (Specify) _____

Now we'd like to know a bit more about you! This information is especially helpful to us in pairing you with a learner. Feel free to elaborate if there is anything we haven't specifically requested.

What was it that attracted you to Shasta Literacy and tutoring adult (or family) learners? _____

What kind of work **do/did** (circle one) you do? _____

What company **do/did** you work for? _____

If you are a student, what school do you attend? _____

How much schooling have you had? (highest level completed) _____

How was school for you? Please describe your school experience. _____

Our tutors need no prior experience, but it helps to know if how much training they may need or want.

Have you taught or tutored **adult learners** previously? No Yes **child learners**? No Yes

If yes, please describe your experience. _____

Do you have experience teaching someone with a learning disability? No Yes If yes, what was the disability? _____

How is your: Vision? _____ Hearing? _____ Staff and/or my learner can help by doing this:

Please describe any other issues that could impact your tutoring, i.e. seizures, learning disability, ADHD:

Are you a member of any community groups or civic clubs? No Yes If yes, please list them.

What experiences, hobbies, skills, or interests do you have? (These may or may not relate to tutoring.)

What are three of your best qualities? Please don't be shy! We'd really like to know!

When are you available for tutoring? Please fill in the hours that work best for you.

SUN	MON	TUE	WED	THU	FRI	SAT
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Which library (or libraries) is most convenient for you? Anderson Redding Burney

- Are you comfortable:
- 1) Helping a learner with basic math? No Yes
 - 2) Introducing a learner to basic computer skills? No Yes
 - 3) Working with a learner to gain their GED? No Yes

Although we are not an English as a Second Language (ESL) program, sometimes a learner's first language is not English. Do you have language skills in a language other than English?

No Yes If yes, which language(s)? _____

We care that our learners and tutors enjoy being together. Please note your preferences:

<input type="checkbox"/> Smoker	<input type="checkbox"/> Male	<input type="checkbox"/> Native-English speaker	<input type="checkbox"/> A parolee or probationer
<input type="checkbox"/> Non-smoker	<input type="checkbox"/> Female	<input type="checkbox"/> Non-native English speaker	<input type="checkbox"/> A developmentally-disabled adult
<input type="checkbox"/> Either is fine	<input type="checkbox"/> Either is fine	<input type="checkbox"/> Either is fine	<input type="checkbox"/> An adult with a learning disability, such as dyslexia

Other preferences? (Please specify) _____

Is there anything else you'd like to share with us? _____

And now, a big "Thank you!" We encourage you to review your entries and to feel free to add anything else you'd like us to know about you. You may attach pages or scribble in the margins. The more information you provide, the more likely it is that we will be able to make a wonderful match between you and an adult learner or child-parent pair. Thank you again for your interest in Shasta Literacy!