



Tri-State Literacy Council Tutor Profile

First Name _____ Middle Initial _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile/Message _____
Work Phone _____ Ext. _____ Fax Number _____
May we contact you at work? _____ Business Name _____
E-mail Address _____
Gender _____ Birth Date _____

Education (circle last year completed): 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: Fr. So. Jr. Sr. + Degree _____

Other Education or Special Knowledge/Skills _____

Where did you hear about the program? _____

I can meet my student at these libraries:

- | | | |
|---|---|---|
| <input type="checkbox"/> Main | <input type="checkbox"/> Barboursville | <input type="checkbox"/> Cox Landing |
| <input type="checkbox"/> Gallaher Village | <input type="checkbox"/> Guyandotte | <input type="checkbox"/> Milton |
| <input type="checkbox"/> Salt Rock | <input type="checkbox"/> West Huntington | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> CK | <input type="checkbox"/> Chesapeake | <input type="checkbox"/> Drinko (Marshall U.) |
| <input type="checkbox"/> Goodwill Career Center | <input type="checkbox"/> Marcum Terrace Family
Resource Center | <input type="checkbox"/> Other |

I prefer to meet my student on these days (circle): M T W Th F S

I prefer to meet at these times: Morning Afternoon Evening

I am sensitive to tobacco smoke. yes no Other sensitivity: _____

I will consider tutoring a student on parole. yes no

Other ways I am willing to help:

- | | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> hospitality | <input type="checkbox"/> fundraising | <input type="checkbox"/> training tutors | <input type="checkbox"/> office help |
| <input type="checkbox"/> math tutor | <input type="checkbox"/> ESL tutor | <input type="checkbox"/> newsletter | <input type="checkbox"/> website |
| <input type="checkbox"/> Facebook page | <input type="checkbox"/> other _____ | | |

EMERGENCY CONTACT INFORMATION	Person to Contact: _____
Relationship to Tutor: _____	Telephone Number: _____
Address: _____	Other Number: _____