

Literacy Volunteers of Greater Worcester  
3 Salem Square, Suite 332  
Worcester, MA 01608  
(508) 754-8056  
[info@lvgw.org](mailto:info@lvgw.org)  
[www.lvgw.org](http://www.lvgw.org)

Name:	<input type="text"/>			
Email:	<input type="text"/>	Cell #:	<input type="text"/>	
Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip: <input type="text"/>

### **Tutor Agreement**

I understand that tutoring is a significant commitment of time to my student and to Literacy Volunteers of Massachusetts, which offers me resources, ongoing support and professional development.

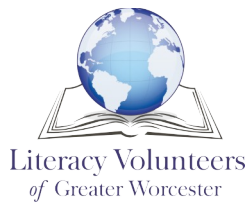
I understand that I am making a commitment to:

- tutor for at least 9 months;
- meet with my student for at least 2 hours per week, not including time to plan individualized lessons;
- report the monthly attendance hours in a timely way as required by the MA Department of Elementary and Secondary Education, a major funder of LVM;
- share LVM events and informational mailings with my student who might not want to receive LVM mail at home;
- seek assistance from the LVM staff if either I or my student is having any difficulties with tutoring (e.g., lack of progress, feeling stuck, needing lesson planning ideas, attendance problems);
- notify the LVM Program Coordinator if my student and I miss more than 3 consecutive weeks of tutoring; and
- notify the LVM Program Coordinator immediately if my address, email or telephone number(s) change; if my student's address, email or telephone number(s) change; and/or if the status of our tutor/student match changes either permanently or temporarily.

●

**Signature**

**Date**



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## **MEDIA AGREEMENT FORM**

I, , understand LVGW may use my first name, story, quotes, photographs, and/or recordings of me to promote Literacy Volunteers of Greater Worcester including online and in its fundraising or marketing efforts.

**Printed Name:**

**Signature:**

**Date:**