

All fields under red banners with (*) are required. ID# provided by staff, if known.

All response options are defined by the MA Department of Elementary and Secondary Education.

*Literacy Volunteers Affiliate: LV of Greater Worcester

*Date:

(MM/DD/YYYY)

Last name ID# (if known):

LACES ID# (if known):

CONTACT AND SERVICE INFORMATION

*Last name:

*First name:

*Street:

*City:

*State:

*Zip Code:

*Home telephone:

*Cell telephone:

*Email address:

*Service area:

☐

ABE

(basic literacy for native English speakers or ESOL students transitioned to ABE)

☐

ESOL

Choose 1 service area only based on the training completed.

*Date of birth:

(MM/DD/YYYY)

*Gender:

☐

Female

☐

Male

*Ethnicity: Choose 1 only.

- ☐ Asian ☐ Pacific Islander ☐ Black ☐ White ☐ Hispanic ☐ Other Pacific Islander ☐ Native American
☐ Two or more races

OPTIONAL DEMOGRAPHIC INFORMATION

Your answers to these questions help us with program planning. Staff will let you know if they would like you to answer the questions in this section.

Highest degree/diploma earned:

☐

Associate Degree

☐

GED or Adult Diploma

☐

Bachelor Degree

☐

High School Diploma

☐

Master Degree

☐

Doctorate Degree

☐

C.A.G.S. (certificate after graduate study)

Referred by or heard about the program from source:

☐

Local job services

☐

Newspaper ad

☐

Family member

☐

One-Stop Center

☐

Pamphlet, brochure, poster

☐

Television/radio

☐

Community Action Agency

☐

Friend

☐

I attended before

☐

Division of Rehab Services

☐

Employer

☐

Adult Education Hotline

☐

College

☐

High School

☐

Other

Born outside USA: ☐

Country of Birth:

Immigrant: ☐ Yes ☐ No

US Citizen: ☐ Yes ☐ No

Languages: *Check all that apply.*

	NATIVE LANGUAGE	DOMINANT LANGUAGE	READ	WRITE	SPEAK
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Toisanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kannada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lithuanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telugu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER (please specify):					
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment status at time of registration:

- ☐ **Employed** (e.g., currently performing any work as a paid employee; self-employed; performing unpaid work at a family business; not currently working but currently has a job from which they are temporarily absent due to illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job)
- ☐ **Unemployed** (e.g., not employed but seeking employment, making a specific effort to find a job, and is available for work)
- ☐ **Not looking for work**
- ☐ **Unavailable for work**
- ☐ **Retired**
- ☐ **Employed – With Separation Notice**
- ☐ **Employed – Multiple jobs**

Occupation:

Employer Name:

TUTOR APPLICATION QUESTIONS

Please answer these questions to help us make the best match possible and provide appropriate support for you.

VOLUNTEERING WITH LITERACY VOLUNTEERS

How did you hear about Literacy Volunteers?

Why do you want to volunteer to be a tutor?

Literacy Volunteers offers 2 different tutor trainings. Please choose the training you already completed or the training you would like to attend. Please choose 1.

- ☐ ABE *(basic literacy for native English speakers or ESOL students transitioned to ABE)* ☐ ESOL
☐ No preference ☐ Not sure yet

While we understand that unexpected events occur, do you foresee anything which would prevent you from completing the training and 9 to 12 month tutoring commitment?

- ☐ Yes * ☐ No

*If yes, please explain:

MATCH INFORMATION

We will try to honor your expressed preferences to the best of our ability depending on the students on our waiting list at the time you are matched. Please be as flexible as you can while still being realistic.

Days and times preferred for tutoring: *(Check all that apply.)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 am – 12 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 12 pm – 5 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 5 pm – 9 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>						
Don't know yet	<input type="checkbox"/>						

Preferred student age and gender: *(Check all that apply.)*

	20-25	26-35	36-45	46-55	56-65	66+
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>					
Don't know yet	<input type="checkbox"/>					

Preferred location for tutoring: *(Check all that apply.)*

- ☐ Closer to home
☐ Closer to work
☐ Remote tutoring
☐ No preference
☐ Don't know yet

Which public libraries can you meet at? Please include city/town.

Student level preference for basic literacy if you attended or plan to attend the Basic Literacy Tutor Training:

(Check all that apply.)

- ☐ Non-reader ☐ No preference ☐ Don't know yet
☐ Beginner (reading grade level equivalent 1 to 3)
☐ Intermediate (reading grade level equivalent 4 to 8)

Student level preference for ESOL if you attended or plan to attend the ESOL Tutor Training:

(Check all that apply.)

- ☐ Beginner ☐ Intermediate ☐ Advanced
☐ No preference ☐ Don't know yet

EXPERIENCE

Previous work experience:

Previous teaching or tutoring experience (if any):

Previous volunteer experience (if any):

Does your current employer have a matching gift program or a foundation, or provide incentives for employees to volunteer at nonprofit organizations?

☐ Yes ☐ No

Other relevant experience (if any):

EDUCATION

Educational degrees and areas of concentration:

Certifications, licenses and/or other special training:

ADDITIONAL INFORMATION

Please include special skills, interests, hobbies or anything else you want to share with us that would help us get to know you better and match you with a compatible student.

Enter information here: