



**HOWARD AREA COMMUNITY CENTER**  
7638-7648 PAULINA STREET CHICAGO, ILLINOIS 60626  
773.262.6622 x264  
FAX 773.262.6645  
tutoring@howardarea.org

## VOLUNTEER TUTOR APPLICATION

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_  
TELEPHONE: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Please indicate the best way to contact you:  Call  Text  Email

Ok to call you at work?  Yes  No  N/A

NAME: \_\_\_\_\_  
RACE/ETHNICITY: \_\_\_\_\_

NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_

### EDUCATION

Name of High School \_\_\_\_\_

Name of College (Undergraduate) \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of College (Graduate) \_\_\_\_\_ Degree: \_\_\_\_\_

Do you speak a language other than English?  Yes  No

If yes, what language? \_\_\_\_\_

What level of fluency?  High  Medium  Low

Do you have previous teaching experience?  Yes  No

If yes, where did you teach? \_\_\_\_\_

What subject(s)? \_\_\_\_\_

Do you have previous tutoring experience?  Yes  No

If yes, what subject(s)?

Have you tutored:  children  adults  both

## **EMPLOYMENT**

Are you presently employed?  Yes  No If yes,  Full time  Part time

Name of Company or Organization

Your Position

## **SPECIAL INTERESTS**

Please list any special interests, skills or hobbies that you are willing to share with HACC

From time to time, HACC has the need for volunteers to contribute to short term projects. Please indicate any of the following that you might be interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Mentor for new tutors    | <input type="checkbox"/> Small group tutoring or specialized classes  |
| <input type="checkbox"/> Database maintenance     | <input type="checkbox"/> Facilitation of one time workshops on specific topics (i.e. test anxiety/test taking tips) |
| <input type="checkbox"/> Classroom assistance     | <input type="checkbox"/> Contribute to volunteer newsletter   |
| <input type="checkbox"/> Special community events | <input type="checkbox"/> Practice job interview   |
| <input type="checkbox"/> Volunteer recruitment    |   |
| <input type="checkbox"/> Curriculum development   |   |

## **TUTORING AT HACC**

How did you hear about the Howard Area Community Center?

Please tell us why you would like to be a volunteer tutor at HACC.

Please describe any previous volunteer experiences. Tell us where you volunteered and what you did.

What qualities or characteristics do you have that will be strengths as a tutor?

What do you think might be a challenge in tutoring adult students?

If a student spends the majority of a tutoring session talking about personal problems, how might you handle that situation?

If a student is frequently late or often misses appointments, how might you handle that situation?

**TUTORING PREFERENCE** (Please indicate all that apply)

- Adult Basic Education (ABE)
- GED
- English as a Second Language (ESL)
- Basic Math
- Computer Literacy

**TIME AVAILABILITY**

Please check each time slot that you are available for tutoring

	Morning	Afternoon	Evening
Monday			HACC CLOSED
Tuesday			
Wednesday			HACC CLOSED
Thursday			
Friday			HACC CLOSED
Saturday		HACC CLOSED	HACC CLOSED

**PERSONAL REFERENCES**

(Please list 2 people not related to you whom you have known for 1 year or more that we may contact)

1. Name

Relationship

Phone

Email

2. Name

Relationship

Phone

Email

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN THE HACC ADULT VOLUNTEER LITERACY TUTOR PROGRAM

## FOR HACC USE ONLY

### REFERENCE CHECK

Date Called:

Reference Summary:

### TRAINING

- Literacy Works Training  
Date scheduled \_\_\_\_\_ Date completed \_\_\_\_\_  
Certificate on file
- On line training  
Documentation attached
- Training requirement waived

### ORIENTATION

Date attended \_\_\_\_\_

Signed job description on file

### CLASSROOM OBSERVATION

Date of observation \_\_\_\_\_

Class or Group Observed \_\_\_\_\_

### TUTOR MATCH HISTORY

1. Name of Student \_\_\_\_\_  
Date of First Meeting \_\_\_\_\_  
 Signed agreement on file  
 10 minute interview form on file  
 Goal setting form on file  
  
Date match ended \_\_\_\_\_ Reason match ended \_\_\_\_\_
2. Name of Student \_\_\_\_\_  
Date of First Meeting \_\_\_\_\_  
 Signed agreement on file  
 10 minute interview form on file  
 Goal setting form on file  
  
Date match ended \_\_\_\_\_ Reason match ended \_\_\_\_\_
3. Name of Student \_\_\_\_\_  
Date of First Meeting \_\_\_\_\_  
 Signed agreement on file  
 10 minute interview form on file  
 Goal setting form on file  
  
Date match ended \_\_\_\_\_ Reason match ended \_\_\_\_\_