



# LITERACY COUNCIL OF THE BLACK HILLS

Please fill out this form and return it via email to [litcouncilblackhills@gmail.com](mailto:litcouncilblackhills@gmail.com).

## Volunteer Tutor Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Days of the week I am available for tutoring: \_\_\_\_\_

Times of the day I available for tutoring: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

What motivates you about becoming a tutor?

What type of student would you feel comfortable tutoring? (Check all that apply.)

\_\_\_\_\_ ABE (Adult Basic Education)

\_\_\_\_\_ ESL (English as a Second Language)

\_\_\_\_\_ Conversation Class for ESL students

Additional information about your background or credentials that would help us match you with a student successfully:

Are you able to commit to at least one hour of tutoring once a week (with time off for vacations, illness, emergencies, etc)? YES \_\_\_\_\_ NO \_\_\_\_\_

Other than English, what languages do you speak?

Language: \_\_\_\_\_ (circle→)    Fluent                      Intermediate                      Basic

Language: \_\_\_\_\_ (circle→)    Fluent                      Intermediate                      Basic

Please initial if you give permission for your photograph, video, or other digital media in any and all of the Literacy Council's publications, including web-based publications, without payment or other consideration.

\_\_\_\_\_ **Tutor Initials**

The following are general categories of students who may need tutoring. Please mark your preferences so we can make the best match possible. Please use **P (prefer)**, **A (accept)**, or **NA (not accept)**.

Female \_\_\_\_\_ Male \_\_\_\_\_ Teenager \_\_\_\_\_

An English Language Learner \_\_\_\_\_

A developmentally disabled person who learns slowly \_\_\_\_\_

A person with mental health problems such as depression or anxiety \_\_\_\_\_

A person with learning differences such as dyslexia \_\_\_\_\_

A person who has suffered from a stroke or some other health issue that has affected his/her learning ability. \_\_\_\_\_

A homeless person \_\_\_\_\_

A person who is incarcerated and needs tutoring in prison \_\_\_\_\_

A person from a low socio-economic background who is struggling financially \_\_\_\_\_

A person who must be tutored while caring for a baby or small child \_\_\_\_\_

Are there any characteristics a student may have that you do not feel you would be able to handle or wish not to contend with?

The following information is needed for our record keeping and funding purposes:

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth year: \_\_\_\_\_

Race (check one):

Level of Education (check one):

Caucasian \_\_\_\_\_

Less than 12th grade \_\_\_\_\_

Native American \_\_\_\_\_

High school diploma/GED \_\_\_\_\_

Asian \_\_\_\_\_

Some college \_\_\_\_\_

Latino \_\_\_\_\_

Undergraduate degree \_\_\_\_\_

African American \_\_\_\_\_

Graduate degree \_\_\_\_\_

Other \_\_\_\_\_

Information needed for liability purposes:

1. Have you ever been charged with or convicted of any crime within the last ten years?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you been charged with or convicted of any crime involving either sexual or physical abuse of a person?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you consent to the Literacy Council of the Black Hills conducting a criminal history search on you?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you agree to comply fully with all of the rules and requirements of being a tutor, specifically including the requirements that you tutor in a public place?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_