



Partners in English Language Learning

TRAINING REGISTRATION FORM



Date

Fill Form on Screen

Title

Name

Home phone

Address

Work phone

Cell Phone

Zip

Email address:

Can we share w/other Tutors?

Yes

No

Your employment status:

Full-time

Part-time

Unemployed

Retired

Student

Gender M

F

Work Hours

Age Range:

Area or field of work experience:

18-24

45-59

Education (Check highest year completed)

25-44

60+

Year graduated high school.

College

Grad School

Other

13 14 15 16 17 18 19 20

What are your strongest skills or resources that would be valuable to this program?

Do you have any special interests or hobbies?

Do you speak any languages besides English? Y N Other Language(s)?

Would you be available to assist the evaluator with translating? Y N

Note: Tutors are needed Monday through Saturday, mornings through the early evening hours. Can you commit to tutoring at least once a week for at least one year? Y N

Days you are available for tutoring: Sun Mon Tue Wed Thu Fri Sat

Hours you are available for tutoring:

Preferred time:

Are you available/willing to tutor in the evening? Y N

Preference of student: None M F

Are you a smoker? Y N

Prefer non-smoker? Y N

Tutoring location you would prefer:

Grass Valley area

Penn Valley area

Nevada City area

Other (please specify)

How did you learn about our organization?

TV/radio	Public Relations Talk
Friend/family	Telephone Book
Employer	Other Agency
Library	Other Volunteer
Newspaper	Website
Special Event	RSVP
Brochure/Poster/Flyer	Other

Please provide any additional information about yourself that will help us make a viable tutor-student match.