



CITY OF PORTERVILLE
Parks & Leisure
LIBRARY • PARKS • YOUTH CENTER

Porterville Public Library Literacy Program TUTOR BACKGROUND INFORMATION

(To be filled and brought into the Adult Literacy Center)

Today's Date: _____
Month Day Year

Name: _____

Address: _____
Number Street Apt. #

City Zip Code

Phone numbers where you prefer to be reached:
Home: () _____ - _____ Hours: _____
Work: () _____ - _____ Hours: _____
Other: () _____ - _____ Hours: _____
E-Mail address: _____

Fax Number: () _____ - _____

Special Phone/Message instructions: _____

Gender: ___ Female ___ Male Date of Birth: Mo. ___ Day ___ Yr. ___

What is your age group? ___ 16-19
___ 20-29
___ 30-39
___ 40-49
___ 50-59
___ 60-69
___ 70-79
___ 80+

What is your racial/ethnic group?
___ African-American
___ Asian
___ Caucasian
___ Hispanic/Latino
___ Native American/Alaskan Native
___ Pacific Islander
___ Other (specify): _____

How did you learn of our program?
___ Other program Participants ___ Family or friends
___ Library ___ Radio/TV
___ Co-workers ___ Newspaper/magazine
___ Church or Community Organization ___ Dept. of Rehabilitation

Other: _____

Do you have children in your household (Include grandchildren, nieces, nephews, etc.)?

___ Yes ___ No How many? ___ What ages? _____

Employment Status: (Circle all that apply).

Full-time	Part-time	Unemployed	Retired
Homemaker	F/T Student	Disabled	Self-employed

How much schooling have you had?

Highest grade completed? _____
Certificate/Degree _____

Have you ever tutored adult learners before? ___Yes ___No

Where? _____

When? _____

How long? _____

Tell us about your experiences:

Are you a member of any community groups or civic clubs? ___Yes ___No

If yes, please list them:

Please write a brief paragraph on why you decided to help someone improve their reading and writing skills:

Could you volunteer in other areas of the program: Office help, making phone calls in the program? Yes No

Other skills you might contribute:

Would you be interested in tutoring basic math? Yes No

Any special preferences? Please explain.

When would you be available for tutoring?

(Please fill in AM and PM hours when you will be available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Comments: _____

Tutor Assignment:

1. Student's name _____ Phone: _____
 Days & Times: _____ Middle Office End Office Genealogy

Comment _____

2. Student's name _____ Phone: _____
 Days & Times: _____ Middle Office End Office Genealogy

Comment _____

Tutor Assignment (Continued):

3. Student's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

4. Student's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

5. Student's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

6. Student's name _____ Phone: _____
Days & Times: _____ Middle Office End Office Genealogy

Comment _____

