

# Tutor Background Information

Literacy Volunteer Affiliate

Fitchburg

Intake Date

/ /

Last Name

*You may use a mailing label*

First Name

Street

City

MA

Zip Code

Phone  
(optional)

( )

*must have area code*

Email  
(optional)

Native  
Language  
(check one)

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> English             | <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Albanian            | <input type="checkbox"/> Chinese-Mandarin  | <input type="checkbox"/> Hindi          | <input type="checkbox"/> Polish     |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> Chinese-Toisanese | <input type="checkbox"/> Italian        | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Bosnian             | <input type="checkbox"/> Creole            | <input type="checkbox"/> Japanese       | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Cambodian           | <input type="checkbox"/> French            | <input type="checkbox"/> Khmer          | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> Cape Verdean Creole | <input type="checkbox"/> German            | <input type="checkbox"/> Korean         | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Chinese             | <input type="checkbox"/> Greek             | <input type="checkbox"/> Laotian        | <input type="checkbox"/> Thai       |
|  |  |   | <input type="checkbox"/> Vietnamese |

Gender

Female  Male

Ethnicity  
(check one;  
cannot use  
"other")

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Haitian                            |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic Origin) | <input type="checkbox"/> Hispanic or Latino                 |
| <input type="checkbox"/> Cape Verdean                   | <input type="checkbox"/> Indian Sub-Continent               |
|   | <input type="checkbox"/> White                              |

Date  
Of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ *must have month, date and year*

Date  
of First  
Match  
(hire)

## Referral

## How did he/she hear about the program?

<input type="checkbox"/> ABE Center	<input type="checkbox"/> Hospital	<input type="checkbox"/> Presentation
<input type="checkbox"/> Brochure/Poster/Flyer	<input type="checkbox"/> Internet	<input type="checkbox"/> Radio
<input type="checkbox"/> Church	<input type="checkbox"/> Library	<input type="checkbox"/> School
<input type="checkbox"/> Community Center/Meeting	<input type="checkbox"/> Magazine	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Coordinator	<input type="checkbox"/> Newspaper	<input type="checkbox"/> State Agency
<input type="checkbox"/> Employer	<input type="checkbox"/> Student (Current/Previous)	<input type="checkbox"/> TV
<input type="checkbox"/> Family	<input type="checkbox"/> Other Tutor	<input type="checkbox"/> United Way
<input type="checkbox"/> Friend	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Volunteer Fair
		<input type="checkbox"/> Other

Specify: \_\_\_\_\_

## Employment Status (choose one)

<input type="checkbox"/> employed	<input type="checkbox"/> student
<input type="checkbox"/> homemaker	<input type="checkbox"/> unemployed & looking
<input type="checkbox"/> retired or not looking	<input type="checkbox"/> unemployed & not looking

## Optional information

### Occupation Category

<input type="checkbox"/> professional	<input type="checkbox"/> clerical	<input type="checkbox"/> service	<input type="checkbox"/> sales
<input type="checkbox"/> managerial	<input type="checkbox"/> technical	<input type="checkbox"/> agricultural	<input type="checkbox"/> other

Specify: \_\_\_\_\_

### Specific Occupation

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### Orientation (Date completed)

____/____/____ <i>provide month, date, year</i>
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### Training (Date completed)

____/____/____ <i>provide month, date, year</i>
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### Type of Training

<input type="checkbox"/> ABE	<input type="checkbox"/> ESOL
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## LVA Information: Education

US Schooling\*  years      Foreign Schooling\*  years      *\*number of years in school, including graduate school, no miscellaneous courses or certificates*

**EMPLOYER  
(OPTIONAL)**

**TIME AVAILABLE**

**PREFERENCE**

Gender	Age
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**INTERESTS**

**TUTOR/VOLUNTEER  
EXPERIENCE**

**EMERGENCY  
CONTACT**

NAME _____
Phone # ( ) ____ - ____
Relationship _____