

Tutor/Volunteer Data Form

Clarksville-Montgomery County Adult Literacy Council
430 Greenwood Avenue
Clarksville, TN 37040

Date: _____

First Name **Middle Name** **Last Name**

Street Address

City **State** **ZIP Code**

Home Phone: _____ **E-Mail:** _____

Cell Phone: _____ **Work Phone:** _____ **Gender:** M ___ F ___

Age: ___ **Birth date:** mm/dd/yy _____ **Country of Birth:** _____

Marital Status: Single ___ Married ___* Divorced ___ Widow/er

Ethnicity: Asian ___ Black ___ Hispanic ___ Native ___ Pacific
Islander ___ White ___

Driver's Lic.# _____ **State** _____ **Expiration Date:** _____

**Have you ever been arrested and/or convicted of a misdemeanor or
felony?**

Yes ___ No ___



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Would you agree to be fingerprinted or to have your background investigated? Yes _____ No _____

Personal References:

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

In the event of an emergency, contact:

Name	Address	Telephone
1. _____	_____	_____

Education:

Less than 12th Grade
 High School Diploma/GED
 Some College
 Undergraduate Degree
 Graduate Degree

Employment Status:

Employed: Yes__ No__
Looking for Work: Yes__ No__
Retired: Yes__ No__

Occupation: (Current or previous)

Where did you hear about the program?

Preferred times for tutoring: Morning ___
Afternoon ___
Evening ___

Preferred days for tutoring: Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Describe any past tutoring or teaching experience:

Special skills/interests/strengths:

Languages, other than English, that you know:



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GOALS

WHY do you wish to be involved in the literacy program?

.....

WHAT are your expectations – what do you hope to get out of the program?

.....

WHEN will you be available to start tutoring?

.....

SAFETY

Safety is paramount to both our tutors and students.

We do **not** do background checks on our students.

Please meet your student only at the library or public location approved by the Adult Literacy Council and mutually agreed upon by you and your student.

Tutoring at your home or your student's home is **not** recommended, and will **not** be approved by the Executive Director.

The Adult Literacy Council is not liable for the safety of the volunteers or students who participate in its programs.



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Guidelines for Success: For Volunteer Tutors

If you will not be able to attend a tutoring session, please call the student as soon as possible. This will prevent an inconvenience for the student. Please make sure they know how to contact you also.

Time invested in preparing for a lesson pays double because it prevents loss of time during instruction for you and the student. Use the information you learned about your student in the previous lesson to direct your instruction in the next lesson. Prepare by reviewing the next lesson and adding information you know your student needs immediately.

Please remember to submit your **Volunteer Weekly Report** by email or by mail. If the student has demonstrated progress or has mentioned any achievements as a result of his/her tutoring sessions, please note this on the form.

You or the student can, at anytime, decide to discontinue the tutoring assignment. If you would like a new student, please contact the Literacy program to discuss registering for a new student. If you would like to discontinue tutoring, please contact the Adult Literacy Council.

I have received and read a copy of the Safety Precautions and Policies established by the Adult Literacy Council.

Name _____ Date _____

I understand that any information I may obtain directly or indirectly concerning students or personnel while I am a Volunteer with the Clarksville-Montgomery County Adult Literacy Council is confidential and that this confidentiality is protected by Federal Law.



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