



# TUTOR APPLICATION

**PERSONAL INFORMATION:**  
**(Please Print All Information.)**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone No.: E-Mail

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you a year-round resident?** \_\_\_Yes \_\_\_No

If not, what months are you available? \_\_\_\_\_

**WORK STATUS:** \_\_\_ Employed \_\_\_ Retired \_\_\_ Unemployed \_\_\_ Student

If employed, current place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever committed, been convicted of, pled guilty to, or pled no contest to, a felony or a misdemeanor?** *NOTE: Conviction of a crime is not necessarily grounds for disqualification.*

\_\_\_NO \_\_\_YES (If yes, please explain): \_\_\_\_\_

**Do you have a driver's license?**  Yes  No

What is your means of transportation to work?

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial  
(CDL)  Chauffeur

Expiration date \_\_\_\_\_

**Have you had any accidents during the past three years?**  Yes  No

How many?

**Have you had any moving violations during the past three years?**  Yes  No

How many?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**Please state any skills or qualifications you bring to the East Lake Community Library's *Homework Help*.**

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**Please tell us about previous tutoring experiences, if any.**

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**TUTOR AVAILABILITY:** Sessions will be conducted on **Mondays 3 - 6 PM** (i.e., 45 minutes per session), with three sessions per shift.

**Which age group(s) are you able to tutor?**

Middle School    High School    Both

**Which subjects are you able to teach?**

Math    Science    Language Arts    Foreign Language (*dependent on student interest*)

**How did you hear about our tutoring opportunities?**

Friend       Library Flyer       Road Sign       School Program  
 Web Site       Social Media      \_\_\_\_\_ Other (please specify)

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

I authorize the library to conduct a background check. I certify that all the information provided on this application is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**Questions or Concerns? Contact the Volunteer Coordinator at [volunteer@eastlakelibrary.org](mailto:volunteer@eastlakelibrary.org), or 727-773-2665.**