



Box 642, La Porte, IN 46352 (219) 325-0875  
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**Student Application**

**Date:** \_\_\_\_\_ **Date You Can Start:** \_\_\_\_\_

**Personal Information (Kept Completely Confidential)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**If Under 18, Name of Responsible Adult in Household:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Town, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **2<sup>nd</sup>**

**Phone** \_\_\_\_\_

**Best Time to Call:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employment (Full Time, Part Time, Retired, Unemployed, etc.):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Hobbies and Interests:** \_\_\_\_\_

**Do You Smoke? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Educational Background (Kept Completely Confidential)**

**Reading Level (Grade Level or Beginner, Intermediate, Advanced):** \_\_\_\_\_

**Last School and Grade Level If Not In School:** \_\_\_\_\_

**Current School and Grade Level If In School:** \_\_\_\_\_

**Current Teacher If In School:** \_\_\_\_\_

**Languages Known Other Than English:** \_\_\_\_\_

**Were or Are You in Special Education Classes:** \_\_\_\_\_

**Any Known Learning Problems or Disabilities:** \_\_\_\_\_

**Tutoring Preferences**

**Program (Adult, Speaking English, Child):** \_\_\_\_\_

**Subject(s) (Reading, English, Math, Digital Literacy):** \_\_\_\_\_

**Tutoring Goals:** \_\_\_\_\_

**Preferred Tutoring Location If Not the Main Library:** \_\_\_\_\_

**Preferred Days:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**Prefer Male or Female Tutor?:** \_\_\_\_\_

**Emergency Contact (Name, Phone, Relationship):** \_\_\_\_\_

**Anything Else We Should Know:** \_\_\_\_\_

**How Did You Find Out About Us?:** \_\_\_\_\_



LaPorte County, Inc.

**Expanding opportunities for success**

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**Tutor Application**

**Date:** \_\_\_\_\_ **Date You Can Start:** \_\_\_\_\_

**Personal Information (Kept Completely Confidential)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Previous Last Names (Used for Required Background Check):** \_\_\_\_\_

**Name of Responsible Adult in Household (If Under 18):** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town, State, Zip:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **2ndPhone** \_\_\_\_\_

**Best Time to Call:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employment (Full Time, Part Time, Retired, Unemployed, etc.):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Hobbies and Interests:** \_\_\_\_\_

**Do You Smoke? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Current School and Grade Level (If In School):** \_\_\_\_\_

**Last Grade Level Completed (If Not In School):** \_\_\_\_\_

**Languages Known Other Than English** \_\_\_\_\_

**Past Tutoring Experience?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, Where?:** \_\_\_\_\_

**Do you have any training or experience in working with students with special needs or disabilities?:** \_\_\_\_\_

**Tutoring Preferences**

**Program (Adult, ESL (English as a Second Language), Child):** \_\_\_\_\_

**Subject(s) (Reading, English, Math, Digital Literacy):** \_\_\_\_\_

**Preferred Tutoring Location (If Not the Main Library):** \_\_\_\_\_

**Preferred Days:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**Emergency Contact (Name, Phone, Relationship):** \_\_\_\_\_

**Anything Else We Should Know?:** \_\_\_\_\_

**How Did You Find Out About Us?:** \_\_\_\_\_

**Are you interested in potentially becoming a READ Board Member or volunteering for special projects?:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_



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Solicitud para el estudiante

**Información personal (mantenido estrictamente confidencial)**

Fecha: \_\_\_\_\_ Fecha que puede empezar: \_\_\_\_\_

Primer Nombre: \_\_\_\_\_

Apellido: \_\_\_\_\_

Nombre de adulto en casa (si es menor de 18) \_\_\_\_\_

Género: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Raza: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Código postal: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Celular/alternativo: \_\_\_\_\_

Hora conveniente para  
contractario: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Empleo (tiempo completo, medio tiempo, jubilado, desempleado): \_\_\_\_\_

Profesión: \_\_\_\_\_ Empleador: \_\_\_\_\_

Aficiones o intereses: \_\_\_\_\_

¿Fuma?: Sí \_\_\_\_\_ No \_\_\_\_\_

**Educacion (mantenido estrictamente confidencial):**

Nivel de lectura (nivel de grado o principiante, intermedio, avanzado): \_\_\_\_\_

Ultima escuela y nivel (si no asiste a la escuela): \_\_\_\_\_

Escuela actual y nivel (si asiste a la escuela): \_\_\_\_\_

Maestro/a (si asiste a la escuela): \_\_\_\_\_

Idiomas que habla/sabe que no sea inglés: \_\_\_\_\_

¿Estuvo o está inscrito en programa especial de aprendizaje?: \_\_\_\_\_

Que sepa, ¿tiene problemas o discapacidad de aprendizaje?: \_\_\_\_\_

\_\_\_\_\_

**Preferencias de tutoría:**

Programa (Adulto, ESL (Inglés como segundo idioma), Menor de edad): \_\_\_\_\_

Materia(s) (Lectura, inglés, matemáticas, Conocimientos informáticos/computación):

\_\_\_\_\_

Metas de la tutoría: \_\_\_\_\_

\_\_\_\_\_

Lugar de preferencia (si no puede en la biblioteca): \_\_\_\_\_

Días de preferencia: \_\_\_\_\_ Horarios: \_\_\_\_\_

¿Prefiere mujer u hombre como tutor?: \_\_\_\_\_

Contacto en caso de emergencia (Nombre, Número telefónico, Relación): \_\_\_\_\_

\_\_\_\_\_

¿Hay algo que debamos saber? \_\_\_\_\_

\_\_\_\_\_

