



LaPorte County, Inc.

Expanding opportunities for success

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[www.readlaportecounty.org](http://www.readlaportecounty.org)

[www.facebook.com/readlaportecountyinc](https://www.facebook.com/readlaportecountyinc)

## Tutor Application

### Personal Information:

Date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

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

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

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

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

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

Race (Optional, Used for Some Statistical Reports): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

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

Employed? (Full Time, Part Time, Retired, Unemployed, etc.): \_\_\_\_\_

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

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

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

(Please turn over, form continues on back.)

**Educational Background:**

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 Library): \_\_\_\_\_

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

Prefer Male or Female Student?: \_\_\_\_\_

Emergency Contact (Name, Number, 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: \_\_\_\_\_

\_\_\_\_\_