Date Application Received:	
Interview Date:	
Accepted:	

# 010

## **Volunteer Tutor Registration**

### Volunteer Tutor Program

Literacy Central Vancouver Island 19 Commercial St., Nanaimo, BC V9R 5G3 (250) 754-8988 <u>info@lcvi.ca</u>

Name:	
Address:	Postal code:
Home number: Cell n	umber:
Email:	
Emergency Contact:	Relationship:
Emergency Contact phone number(s):	
Education: Post-Secondary D Teacher training	□ Tutor training □ TESOL □
Available to tutor on line?	
Present Occupation / Main Activity:	
Work experience:	
Volunteer experience:	
Relevant skills and interests:	
I am interested in becoming a tutor because:	

#### References:

Name:	Phone
Email:	Relationship:
Name:	Phone
Email:	Relationship:

We have a screening process for volunteers. You will require an orientation and interview. We also provide training; the length of training required is dependent upon your background.

#### I agree:

- that I will participate in the required Tutor Training course and in Professional Development opportunities, when possible.
- that I will tutor for a minimum of six months, for an average of three hours per week in a public location.
- that I will report monthly progress and hours tutored to the Tutor Coordinator
- that I will complete a Criminal Record Check before I begin tutoring.
- that LCVI can use my name or any photos of me taken at LCVI or my written comments for use in promotional materials/media.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Would you be interested in Fund Raising for us? \_\_\_\_\_

#### Thank you very much!

**Collection and Use of Information.** All information collected is subject to the provisions of the Freedom of Information and Protection of Privacy Act and will only be used for program administration and administrative purposes of Literacy Central Vancouver Island. By signing this form you are consenting to the collection, disclosure and use of your personal information for the purposes stated above.







