



Prince Albert Literacy Network

Unit 525-1403 Central Ave., Gateway Mall
Prince Albert SK, S6V 7J4
306-922-6852
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Volunteer Tutor Application

Personal Information	
Name: _____ <i>First</i> <i>Last</i>	
Address: _____ <i>Street/PO Box</i> <i>City/Town</i> <i>Postal Code</i>	
Phone Numbers: Home: _____	Cell: _____
Email: _____	
Occupation / Past Occupation, if retired: _____	
Hobbies / Interests: _____	
Age: <input type="checkbox"/> 18 - 30 <input type="checkbox"/> 31 - 55 <input type="checkbox"/> 55+	
<i>(This helps us match you with learners who have indicated a preference for age of tutor.)</i>	
Tutoring Preferences (Please check as many as appropriate)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Basic Reading/Writing	<input type="checkbox"/> Basic Math
<input type="checkbox"/> English as an Additional Language	<input type="checkbox"/> GED Preparation
<input type="checkbox"/> Low Literacy Canadian-born	<input type="checkbox"/> Citizenship Preparation
Your Availability (Please circle and check all that apply)	
<input type="checkbox"/> Weekdays: Mon / Tue / Wed / Thu / Fri	<input type="checkbox"/> Weekends: Sat / Sun
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Please complete the second page....

Why would you like to be a tutor?

Empty space for the applicant to write their reasons for wanting to be a tutor.

Two References (Please include work and personal phone numbers, if applicable.)

Name: _____ Relationship to you: _____ Phone Number(s): _____ _____ Best time to call: _____	Name: _____ Relationship to you: _____ Phone Number(s): _____ _____ Best time to call: _____
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Note: A recent criminal record check is required. Our office will provide you with a community organization referral letter to waive the cost of the criminal check.

Please: Inform us of any changes to your status as a tutor. This includes changes to your criminal record, phone number, email address, or any other pertinent information.

Pledge: All applicants who are accepted to the tutoring program will complete tutor training, receive ongoing guidance, and be given access to tutoring resources.

Permission: I hereby grant permission to the Prince Albert Literacy Network to use photographs and/or video of me taken while volunteering with the Prince Albert Literacy Network in publications, social media, brochures, reports, PALN website, media releases, and in other communications related to the mission of the Prince Albert Literacy Network.

Signature of Applicant: _____ **Date:** _____