



TUTOR APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Other phone #: _____

Best time to call you: _____

E-mail: _____

Birth Date ___/___/___ Gender: Male Female

Education: Yrs of School _____ College _____ Degree/Diploma _____

Is English your first language? Yes No If not, what is your first language: _____

Have you studied a foreign language? _____ If so, which? _____

Have you had any experience teaching or tutoring? _____ If so, please describe: _____

Please tell us why you would make a good ESOL tutor. _____

In the space below, indicate your reasons for deciding to become an ESOL tutor: _____

Hobbies, interests, skills, areas of expertise: _____

Check all locations where you could meet:

Northampton Holyoke Amherst Other _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times available							

Where did you hear about our program? _____

For ILLI staff use only: Applicant notified on _____ that training begins _____

Training completed (date) _____

Application in 'Ready-to-Tutor' file (date) _____