



Volunteer Tutor Application
Literacy Council of Carroll County

Phone: 410-857-0766

Email: lcouncilcc@gmail.com

Web: www.carrollliteracy.org

Today's Date _____ Entered _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Best Time to Call _____

Email: _____

Preferred Contact (mail, email, phone) _____

Education _____ Special Training _____

Additional languages? _____ Level (Circle one): Beg/Intermediate/Adv

Currently Employed? _____ Employer _____ FT _____ PT _____ Retired _____

Occupation/Experience _____

Computer/Software/Social Media Skills?

Previous Tutoring Experience _____

Other Volunteer Experience _____

How did you hear about the Literacy Council? _____

Tutors: Education and Skills

Tutoring Preferences (Requires Training Workshop and 1 year commitment)

Preferred location for tutoring sessions (LC office, Carroll Comm. College, Other: _____)

Best times to tutor (days/time) ____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____ Sun.

Student preference: (Circle one) Male/Female/Doesn't matter

Content preference: ____ ESOL(English) ____ Basic Reading/Writing ____ Math ____

GED/Test Prep ____ Workplace Prep ____

Special Needs Students ____

Please be advised of the following:

- photos are often taken at training and events for use in marketing materials, website, newsletter or other places and the Council may wish to include your photo in its promotional material.
- a background check may be performed on applicants
- any information pertaining to potential, current, or past students is confidential and is not to be shared with anyone including the student.
- The Council, (including all agents, volunteers, and officials) cannot be held liable for damages, injury, or illness arising from tutor participation including travel to and from tutoring sessions and/or activities.
- The Council cannot be held liable for any unintentional exposure to the COVID-19 virus during tutor participation.

Signature _____

Date: _____

Photo/Video Opt-Out:

I do not wish to have my image appear in any promotional materials.

Signature _____

Date _____