



50 Pippy Place, Unit 1B
P.O. Box 8455, Station A
St. John's, Newfoundland, A1B
3N9

Tel: 709-738-3975

E-mail:

teachersonwheels@nl.rogers.com

VOLUNTEER TUTOR APPLICATION FORM

Date: _____

Name: _____

Address: _____

Location in city: _____

Postal code: _____

Phone: (home) _____ (business) _____

Place of employment: _____

1. How did you find out about Teachers on Wheels?

2. Have you ever taught adults? If yes, what?

3. What is your educational background?

4. Why do you want to be a Teachers on Wheels tutor?

5. Do you have any special interests or skills you could share with a student?

6. Would you be willing to travel to a learner's home? How far would you be willing to travel? Do you have access to a vehicle?

7. When would you be available to tutor (days, evenings, weekends)?

8. When would you be available to attend a tutor training workshop?

- o During the day_____
- o Evenings_____
- o Saturday_____

9. Are you anticipating any changes in your life which might affect your commitment as a tutor?

10. Would you be interested in being a volunteer in another capacity i.e in the office, on the Board of Directors, etc.?

11. Additional comments

