



Tutor Application Form

Office Use Only

Last Name: _____
 School Placement: _____
 Record Check Completed: _____
 Training Completed: _____
 DB _____ Email _____

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

ENGLISH OR FRENCH IMMERSION: _____ OTHER LANGUAGES SPOKEN: _____

LEVEL OF EDUCATION ATTAINED: _____

PREFERRED TUTORING DAY (Mon – Fri): 1st _____ 2nd _____ 3rd _____

PREFERRED TUTORING TIME: 9am – 12pm 1:00 pm – 3:00 pm

PREFERRED COMMUNITY (see list): 1st _____ 2nd _____

West Side	South Hill	East Side	Downtown	North Vancouver
-West of Granville	-East of Granville -West of Victoria -South of Kingsway	-East of Victoria -West of Boundary	-North of Broadway -West of Victoria -Downtown	

TRANSPORTATION: CAR _____ BUS _____ SKYTRAIN _____ OTHER _____

PAST & PRESENT VOLUNTEER EXPERIENCE:

Please note any teaching or tutoring experience, or any experience working with school age children.

Do you have any medical conditions or are you on any medications which might affect your performance as a tutor? If “yes”, please specify:

How did you learn about the ONE TO ONE program? (brochure, poster, word of mouth) please specify:

I hereby certify that the information I have given is correct. I hereby undertake to have a Criminal Record Search conducted prior to my acceptance as a tutor, as required by the Vancouver School Board and the North Vancouver School District.

Signature: _____ Date: _____

The ONE TO ONE Literacy Society reserves the right to refuse an applicant at any stage during the application, tutoring or placement process.