

# FY 2021 LITERACY VOLUNTEERS OF THE MONTACHUSETT AREA (FITCHBURG) TUTOR INFORMATION FORM

All fields under red banners with (\*) are required. ID# provided by LV of the Montachusett Area staff, if known.  
All response options are defined by the MA Department of Elementary and Secondary Education.

**\*Literacy Volunteers Affiliate** LV of the Montachusett Area (Fitchburg) **\*Date** Click here to enter text.  
(MM/DD/YYYY)

**Last name ID# (if known):** Click here to enter text. **LACES ID# (if known):** Click here to enter text.

## CONTACT AND SERVICE INFORMATION

**\*Last name** Click here to enter text.

**\*First name** Click here to enter text.

**\*Street** Click here to enter text.

**\*City** Click here to enter text. **\*State** Click here to enter text. **\*Zip Code** Click here to enter text.

**\*Home telephone** Click here to enter text. **\*Cell telephone** Click here to enter text.

**\*Email address** Click here to enter text.

**\*Service area**  **ABE** (basic literacy for native English speakers or ESOL students transitioned to ABE)  
Choose 1 service area only based on the training completed.  **ESOL**

**\*Date of birth** Click here to enter text. (MM/DD/YYYY) **\*Gender**  Female  Male

**\*Ethnicity** Choose 1 only.

- |  |   |
|--|---|
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Pacific Islander       |
| <input type="checkbox"/> Black           | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Two or more races      |

## OPTIONAL DEMOGRAPHIC INFORMATION

Your answers to these questions help us with program planning. Staff will let you know if they would like you to answer the questions in this section.

- Highest degree/diploma earned**
- |  |   |
|--|---|
| <input type="checkbox"/> Associate Degree                            | <input type="checkbox"/> GED or Adult Diploma |
| <input type="checkbox"/> Bachelor Degree                             | <input type="checkbox"/> High School Diploma  |
| <input type="checkbox"/> C.A.G.S. (certificate after graduate study) | <input type="checkbox"/> Master Degree        |
| <input type="checkbox"/> Doctorate Degree                            |   |

**Referred by or heard about the program from source**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Local job services         | <input type="checkbox"/> Newspaper ad               | <input type="checkbox"/> Family member           |
| <input type="checkbox"/> One-Stop Center            | <input type="checkbox"/> Pamphlet, brochure, poster | <input type="checkbox"/> Television/radio        |
| <input type="checkbox"/> Community Action Agency    | <input type="checkbox"/> Friend                     | <input type="checkbox"/> I attended before       |
| <input type="checkbox"/> Division of Rehab Services | <input type="checkbox"/> Employer                   | <input type="checkbox"/> Adult Education Hotline |
| <input type="checkbox"/> College                    | <input type="checkbox"/> High School                | <input type="checkbox"/> Other                   |

**Languages**

*Check all that apply.*

LANGUAGE	NATIVE	DOMINANT LANGUAGE	READ	WRITE	SPEAK
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese-Toisanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kannada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lithuanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Teluju	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>OTHER (please specify):</b>					
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Born outside USA**

**Country of Birth**

**Immigrant**  Yes  No

**US Citizen**  Yes  No

## Employment status at time of registration

- Employed** (e.g., currently performing any work as a paid employee; self-employed; performing unpaid work at a family business; not currently working but currently has a job from which they are temporarily absent due to illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job)
- Unemployed** (e.g., not employed but seeking employment, making a specific effort to find a job, and is available for work)
- Not looking for work**
- Unavailable for work**
- Retired**
- Employed – With Separation Notice**
- Employed – Multiple jobs**

**Occupation** [Click here to enter text.](#)

**Employer Name** [Click here to enter text.](#)

## TUTOR APPLICATION QUESTIONS

Please answer these questions to help us make the best match possible and provide appropriate support for you.

### VOLUNTEERING WITH LITERACY VOLUNTEERS

How did you hear about Literacy Volunteers? [Click here to enter text.](#)

Why do you want to volunteer to be a tutor? [Click here to enter text.](#)

Literacy Volunteers offers 2 different tutor trainings. Please choose the training you already completed or the training you would like to attend. Please choose 1.

- ABE *(basic literacy for native English speakers or ESOL students transitioned to ABE)*
- ESOL
- No preference
- Not sure yet

While we understand that unexpected events occur, do you foresee anything which would prevent you from completing the training and 9 to 12 month tutoring commitment?  Yes\*  No

\*If yes, please explain: [Click here to enter text.](#)

### MATCH INFORMATION

We will try to honor your expressed preferences to the best of our ability depending on the students on our waiting list at the time you are matched. Please be as flexible as you can while still being realistic.

Days and times preferred for tutoring

*Check all that apply.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 am – 12 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
after 12 pm – 5 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
after 5 pm – 9 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>						
Don't know yet	<input type="checkbox"/>						

Preferred student age and gender

*Check all that apply.*

	20-25	26-35	36-45	46-55	56-65	66+
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference	<input type="checkbox"/>					
Don't know yet	<input type="checkbox"/>					

Preferred location for tutoring

*Check all that apply.*

*Until further notice, all tutoring is remote.*

Closer to home	<input type="checkbox"/>
Closer to work	<input type="checkbox"/>
Remote tutoring	<input type="checkbox"/>
No preference	<input type="checkbox"/>
Don't know yet	<input type="checkbox"/>

Which public libraries can you meet at? Please include city/town. [Click here to enter text.](#)

**Student level preference for basic literacy if you attended or plan to attend the Basic Literacy Tutor Training:**

*Check all that apply.*

- Non-reader
- Beginner (reading grade level equivalent 1 to 3)
- Intermediate (reading grade level equivalent 4 to 8)
- No preference
- Don't know yet

**Student level preference for ESOL if you attended or plan to attend the ESOL Tutor Training:**

*Check all that apply.*

- Beginner
- Intermediate
- Advanced
- No preference
- Don't know yet

## EXPERIENCE

**Previous work experience** [Click here to enter text.](#)

**Previous teaching or tutoring experience (if any)** [Click here to enter text.](#)

**Previous volunteer experience (if any)** [Click here to enter text.](#)

**Does your current employer have a matching gift program or a foundation, or provide incentives for employees to volunteer at nonprofit organizations?**  Yes  No

**Other relevant experience (if any)** [Click here to enter text.](#)

## EDUCATION

**Educational degrees and areas of concentration** [Click here to enter text.](#)

**Certifications, licenses and/or other special training** [Click here to enter text.](#)

## ADDITIONAL INFORMATION

*Please include special skills, interests, hobbies or anything else you want to share with us that would help us get to know you better and match you with a compatible student.* [Click here to enter text.](#)