



LITERACY COUNCIL OF UPPER PINELLAS

TUTOR DATA SHEET

PLEASE PRINT CLEARLY

DATE: _____

NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP CODE: _____ PHONE(2): _____

EMAIL: _____

AGE RANGE: 19-24 _____ 25-44 _____ 45-59 _____ 60+ _____

OCCUPATION: _____

CAN YOU TRAVEL TO MEET YOUR STUDENT? _____ CLOSEST LIBRARY: _____

HOW SOON AFTER TRAINING WILL YOU BE AVAILABLE TO TUTOR? _____

WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK?

EDUCATION: _____

DO YOU CONSIDER YOURSELF COMPUTER LITERATE? _____

I OWN _____ DESKTOP _____ LAPTOP _____ LAPTOP WITH WI-FI _____ OTHER _____

DO YOU HAVE INTERNET ACCESS? _____

DO YOU HAVE TRANSPORTATION? _____ HOW DID YOU HEAR ABOUT US? _____

YEAR-ROUND RESIDENT? _____ IF NOT, WHAT MONTHS ARE YOU AWAY? _____

WHEN ARE YOU AVAILABLE FOR LESSONS?

DAYS: _____ TIME: _____

DAYS: _____ TIME: _____

DAYS: _____ TIME: _____

ADDITIONAL INFORMATION OR PREFERENCES THAT CAN ASSIST OUR COORDINATORS IN PLACING YOU WITH A STUDENT: