



Portland **LITERACY** Council
Volunteer Tutor Intake

Name _____

Address _____

Email _____ Phone _____

I attended a Portland Literacy Council Tutor Training Workshop

Yes Date _____ No

Tutor's Area of Interest

ESOL ABE Other _____

One-to-One Tutoring Small Group Classroom Assistant

Hours Available

| Day of Week | Mornings | Afternoons | Evenings |
|-------------|----------|------------|----------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Available Now On _____

I can make a _____-month commitment to volunteer tutoring.

Introduce yourself: Why do you want to tutor? Have you ever tutored before?
