

Date Application Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Accepted: \_\_\_\_\_

# Volunteer Tutor Registration



**Volunteer Tutor Program**  
**Vancouver Island University and**  
**Literacy Central Vancouver Island**  
19 Commercial St., Nanaimo, BC V9R 5G3  
(250)754-8988 [tutors4literacy@viu.ca](mailto:tutors4literacy@viu.ca)



Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact phone number(s): \_\_\_\_\_

Education: Secondary  Post-Secondary  Teacher training  Tutor Training

Present Occupation / Main Activity: \_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Relevant skills and interests: \_\_\_\_\_

I am interested in becoming a tutor because: \_\_\_\_\_

\_\_\_\_\_

I heard about the tutoring program from: \_\_\_\_\_

**Please turn over**

**References:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

We have a screening process for volunteers. You will require an orientation and interview. We also provide training; the length of training required is dependent upon your background.

***I agree:***

- *that I will participate in the required Tutor Training course and in Professional Development opportunities, when possible.*
- *that I will tutor for a minimum of six months, for an average of three hours per week in a public location.*
- *that I will report monthly progress to the Tutor Coordinator and my hours to the Executive Assistant.*
- *that I will complete a Criminal Record Check before I begin tutoring.*
- *that LCVI can use my name or any photos of me taken at LCVI or my written comments for use in promotional materials/media.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you very much!***

**Collection and Use of Information.** All information collected is subject to the provisions of the Freedom of Information and Protection of Privacy Act and will only be used for program administration and administrative purposes of Literacy Central Vancouver Island. By signing this form you are consenting to the collection, disclosure and use of your personal information for the purposes stated above.

