



FLOC Neighborhood Tutoring Program Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Age: _____ Gender: _____

E-mail: _____ Cell Phone: _____

Are you employed: Yes No
Employer: _____ Work Phone: _____

Best Way to Contact: E-mail Home Phone Cell Phone Work Phone

Ethnicity (check all that apply)

African American / Black	Asian / Pacific Islander	Caucasian
Native American	Hispanic / Latino	Multi-Racial
Other Ethnicity: _____		

What languages do you speak? (check all that apply): English Spanish Other: _____

What is the highest level of education you have completed?

High School	Some college	BS / BA
MS/MA	PhD	
Vocational / Technical Training Other: _____		

If you are in college, what year are you in school?

Freshman Sophomore Junior Senior Graduate

Which college / university do you attend?

American Catholic George Mason GWU Howard Maryland Other: _____

Are you volunteering with FLOC as a part of a college course? Yes No

If yes, please identify your course:

Professor _____ Course ID: _____ Course Name: _____

How did you hear about us? (*Please be specific & check ALL that apply*)

Radio / TV : _____	Newspaper / Ad: _____	Web Page: _____
Friend: _____	Event: _____	Church / Temple: _____
At a Volunteer / Career Fair: _____		
Flyer – Location: _____	Other: _____	

Placement Information

- Identify the program days / times that fit your schedule – please check all that apply and write rank them according to your preference:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time	3:30 – 5:30p	3:30 – 5:30p	3:30 – 5:30p	3:30 – 5:30p	3:30 – 5:45p	10:00a – 12:00p
		6:00 – 8:00p	6:00 – 8:00p	6:00 – 8:00p		1:30 – 3:30p



Placement Information (continued)

2. Some of our students come 2 days per week. Are you willing and available to come 2 days per week to work with a student (a total of 4 hours)?
Yes No If yes, on what days? _____

3. What age groups and subjects are you comfortable working with?
K – 3rd grade Math K – 3rd grade Reading
4th – 8th grade Math 4th – 8th grade Reading
9th – 12th grade Math 9th – 12th grade Reading

4. Do you have any previous experience tutoring, mentoring or volunteering? Yes No
If yes, please list: _____

5. If you are a returning volunteer, please mark the trainings you have attended:
Elementary Reading (Raceway) Adolescent Reading (Wilson) Math Tester
When was your most recent training? (Date & Year) _____

Your Motivation and Commitment (Please answer in complete sentences.)

1. Why do you want to tutor with For Love of Children’s Neighborhood Tutoring Program?

2. If selected, what strengths would you bring to the program? _____

3. Is there anything that may hinder your commitment to NTP or to your student? Yes No
If yes, please explain: _____

Emergency Contact Information

Full Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Primary Language Spoken: _____
Employer: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____

Best Way to Contact: E-mail Home Phone Cell Phone Work Phone

FOR FLOC USE ONLY

Orientation Date: _____ Training Date(s): _____ Site Intro Date: _____