



READ NB

Laubach Literacy New Brunswick



BECOMING A READ NB TUTOR

readnb.ca



VOLUNTEER/TUTOR INTAKE APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ Apt. #: _____ P.O. Box # _____

City/Town: _____ Province: New Brunswick Postal Code: _____

Home Phone: (506) _____

Alternate Phone: () _____

Work Phone: () _____ May we call you at work? Yes No

E-mail address: _____

Date of Birth: _____ (Month/Day/Year)

Gender: Male Female Non-Binary Prefer not to say

Pronoun Preference: He/Him She/Her They/Them

Do you have any health conditions of which we should be aware? _____

First Language: _____

Additional Languages: _____

Would you be comfortable tutoring someone for whom this is their first language?_ Yes No

Please indicate any other areas you would like to volunteer for with the organization:

- | | |
|--|---|
| <input type="checkbox"/> Board/Executive | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Fundraising/Events | <input type="checkbox"/> Other: _____ |

Do you possess any special skills or interests that you feel would be an asset?

Yes No (If yes, please note _____)

How did you hear about READ NB? _____

Are you able to provide a police records check? I am I am not

EMPLOYMENT INFORMATION

1. What is your employment status?

Full time

Unemployed

Part time

Seasonal

Retired

Out of the Labour Market (e.g. SAHM)

Self-Employed

If employed, please answer questions 2 - 5. If not, please proceed to question 6.

2. Occupation Title: _____

3. Current Employment Information:

Company Name _____

Street Address: _____ P.O. Box # _____

City/Town: _____ Province: _____ Postal Code: _____

4. If employed less than one year, or if retired please give previous employer details.

Company Name _____

Street Address: _____ Apt. #: _____ P.O. Box # _____

City/Town: _____ Province: _____ Postal Code: _____

5. May we contact your employer (current or previous)? Yes No

If no, then please elaborate: _____

6. Have you volunteered with any non-profit agencies before? Yes No

If yes, then please provide details: _____

7. Do you have any additional work experience you feel may be relevant? Yes No

If yes, then please provide details: _____

TUTOR/LEARNER – MATCH INFORMATION

1. Do you have any allergies or sensory sensitivities? Yes No

If yes, please provide details as to how this may affect your tutoring situation: _____

2. Barring unforeseen circumstances, I can make a commitment for at least one year.

Yes No If no, then for how long? _____

3. For the purposes of matching you with a learner, please indicate what type of person you would be most comfortable working with: Man Woman No Preference

Age Range: _____ No Preference

4. What time of day is best for you to meet with your learner?

Morning Afternoon Evening No Preference

5. Please indicate your preferred days/times:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

6. How many times per week would you like to meet your learner?

1 2 3 Open to suggestions _____

7. Where would you prefer to meet? *(Please note we do not allow meeting in private homes)*

Public Library Coffee Shop Office Space (if available)

Other _____ Open to suggestions _____

8. Do you have reliable transportation? Yes No

9. Can you begin tutoring immediately after your training is completed? Yes No

If no, please indicate when you would be available to start: _____

CONFIRMATION:

I the undersigned, hereby certify the stated information is correct and accurate. I agree to inform the READ NB of any changes to this information in a timely manner. I understand that it will be considered confidential, but subject to verification, and I have no objection to READ NB, or its affiliated council, checking with the appropriate authorities regarding my background or history, if applicable.

I also understand that neither READ NB, nor its affiliated council, is under any obligation to accept or assign any applicant and that it also reserves the right to hold in confidence any information concerning decisions regarding my application.

Tutor's Name (print): _____

Tutor's Signature: _____

Date: _____

TUTOR AGREEMENT FORM

Volunteer Name: _____

As a volunteer of READ NB (Laubach Literacy New Brunswick), or any of its affiliated councils, I understand that I am accountable for the following:

General Accountability

- Co-coordinating the preparation and organization of tutoring sessions with the READ NB Council;
- Providing continuing education to meet the changing demands of the learner;
- Maintaining professional and appropriate behaviour consistent with the Council's and READ NB's mandate, by-laws, and policies.

Specific Accountability

- Preparing and administering lessons for each session which conform to designated guidelines;
- Providing support and guidance without judgement;
- Providing a nurturing and mentoring environment for each learner at each session;
- Working with each learner to help build confidence and self-esteem;
- Continuing to upgrade my tutoring skills to successfully meet the continual changes and challenges associated with tutoring;
- Monitor the progress of the learner and regularly review such progress with the Tutor Coordinator (or designate);
- Uploading tutoring hours and learner progress on the database after each session;
- Informing the Tutor Coordinator of any changes that directly or indirectly affect the learner-tutor relationship;
- Ensuring that confidentiality between the learner and tutor is always maintained and ensuring that such confidentiality remains in place even after the learner has completed their lessons with their tutor.

Statement of Confidentiality

As a volunteer tutor with READ New Brunswick, or one of its affiliated councils, I will not disclose any information or knowledge that I may acquire regarding my assigned learner to anyone other than the Tutor Coordinator of my council unless required by law or unless permission is given by the learner.

Tutor Signature:

Date: _____

Witnessed by Tutor Coordinator:

Date: _____