

# LEC VOLUNTEER APPLICATION (Tutor)

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

## PERSONAL INFORMATION (Please Print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MI

Address: \_\_\_\_\_  
Street

City State Zip

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization(s): \_\_\_\_\_

Major in School: \_\_\_\_\_ Hobby: \_\_\_\_\_

## EDUCATION:

High School: \_\_\_\_\_ College: \_\_\_\_\_

Other Training: \_\_\_\_\_

## EXPERIENCE:

Teaching Adults: \_\_\_ Yes \_\_\_ No

Explain (if applicable): \_\_\_\_\_

Teaching Children: \_\_\_ Yes \_\_\_ No

Explain (if applicable): \_\_\_\_\_

## HEALTH INFORMATION:

Physical Limitations: \_\_\_\_\_

Medications: \_\_\_\_\_

## LEC Office Use Only:

Background Check Complete: yes \_\_\_ no \_\_\_

School Assignment: \_\_\_\_\_