



LEC VOLUNTEER APPLICATION (Tutor)

Date: _____

PERSONAL INFORMATION (Please Print):

Name: _____ Date of Birth: _____
First Last MI

Address: _____
Street City ST 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: _____

LEC Office Use Only:

Background Check Complete: yes _____ no _____ Date trained: _____

School Assignment: _____