



## Migrant Education Program

NH Department of Education  
 101 Pleasant St - Concord, NH 03301  
 TEL (603) 271-2273 FAX (603)271-6195

# Volunteer Tutor Application

Personal Information	
Name	Date of Application
Address (Street, City, State, Zip)	Telephone
Email	Date of Birth
Emergency Contact Name	Emergency Contact Number(s)
Type of Volunteer: <input type="checkbox"/> High School Student <input type="checkbox"/> College Student <input type="checkbox"/> Community Volunteer	
How did you hear about us?	
Previous Experience	
What motivates you to volunteer with the Migrant Education Program?	
Do you have any prior volunteer experience? Please describe.	
Do you have any experience working with youth? Please describe.	
Do you have any experience teaching or tutoring? Please describe.	
Do you have experience working with individuals with different cultural or economic backgrounds? Please describe.	
Please list any relevant skills, interests, or abilities:	
Educational Background	
Highest Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Other	
Please briefly explain your educational background (Schools, Degrees, Certifications):	
Please list any relevant coursework, classes, or trainings:	

## Language Skills

What is your native language?

Do you speak any other languages?     Yes     No

If yes, explain below.

Language: \_\_\_\_\_ Ability:     Beginner     Intermediate     Advanced     Fluent

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## Tutoring Preferences

What grade levels would prefer to work with?

(check as many as apply)

- Elementary (grade K-5)     Middle school (grade 6-8)  
 High School (grade 9-12)     Out of school youth (age 18-21)

What levels of math would you be comfortable tutoring?

(check as many as apply)

- Elementary (K-5)     Middle school (pre-algebra)  
 High School (algebra)     Advanced (calculus)

Would you be comfortable tutoring more than one student?

Do you have other comments about your preferences?

## Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Afternoon							
Evening							

Start Date:

End Date:

Hours Per Week:

Do you have access to transportation?

How far are you willing to travel?

## References

Please provide the name and contact information of two personal or professional references (non-relatives):

	Name	Nature of Relationship	E-Mail	Phone Number
1.				
2.				