



VOLUNTEER INFORMATION FORM

A volunteer tutoring program of Fort Wayne Community Schools

New Tutor _____

Renewal (Background Check Expired) _____

Personal

First Name: _____ Last Name: _____ Maiden Name: _____

Home address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Home phone number: _____ cell phone: _____

Employment

I am presently: working full-time working part-time high school student retired
 homemaker unemployed college student

Job Title/Position: _____ Company: _____

Address: _____ City: _____ Zip: _____

Business phone: _____ I prefer correspondence be mailed to: home work

Reference

Name: _____ Phone: _____ e-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Volunteer Positions – please indicate your choice from the following categories:

Tutor (after school hours) Grade level: K-2 3-5

If you are volunteering with a group, please check one:

Full-time tutor Substitute

Buddy (share a student with another tutor), Buddy's name: _____

If you are volunteering with a group, name of the company/organization/ School:

_____ School: _____

Site Director (check if you are the coordinator for a study site)

Day(s) you are available to volunteer: Monday Tuesday Wednesday Thursday

Email completed form to: communityprograms@fwcs.k12.in.us or mail to: FWCS Community Programs, 230 E. Douglas Ave., Fort Wayne, IN 46802 Questions? Please call 467-8810. **Once this form has been received, then Community Programs will email the online volunteer application link directly to you.** Thank you.

FOR OFFICE USE ONLY

08/2022

Background Check -Date Processed _____

Data Base Set-up _____