

Saint Paul Public Schools  
**VOLUNTEER TUTOR  
APPLICATION**



**CONTACT INFORMATION**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: \_\_\_ M \_\_\_ F Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**BACKGROUND INFORMATION**

Are you proficient in English?  Yes  No Other languages (list): \_\_\_\_\_  
Highest level of education:  High School  Associate Degree  Bachelor's Degree  Master's Degree  
( Ph.D or professional degree)  
Do you currently/have you in the past had a teacher's license?  Yes  No  
Are you currently employed?  Yes  No  Retired  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If retired, last employer: \_\_\_\_\_  
Are you currently a student?  High School  College  No  
If student, school name: \_\_\_\_\_  
Have you tutored before?  Yes  No If yes, list program(s): \_\_\_\_\_  
\_\_\_\_\_  
Other volunteer experience: \_\_\_\_\_

**Please briefly describe why you're interested in tutoring:**

How did you hear about our tutoring program?

**TUTORING PLACEMENT**

In order to ensure that your tutoring experience is both comfortable and appropriate, please answer the following preference questions. If you do not have a preference, please leave blank.

- 1. Please indicate the day(s) that you are available to tutor:  M  TU  W  TH  F
- 2. Please indicate the time of day that you would prefer to tutor:  8a.m.- 12p.m  12p.m. - 3p.m.
- 3. Do you prefer to tutor a small group of students (2-3) or one-on-one? \_\_\_\_\_
- 4. Do you prefer to tutor a certain grade level? If so, please indicate:  K  1  2  3  4  5
- 5. Please indicate your subject interests or areas of strength:
- 6. If you are seeking tutoring placement with a specific cultural or ethnic focus, please indicate:  
\_\_\_\_\_

**Additional Comments:**

**Certification of Truth**

By signing this document, I certify that the information stated in this volunteer tutor application is true to the best of my knowledge.

**Signature:**

**Date:**

**Contact Information**

If you have any questions please contact  
**Adam De Leeuw** [adam.deleeuw@spps.org](mailto:adam.deleeuw@spps.org) **651-744-4292**  
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