

English in Action Conversations Volunteer Tutor Registration Form



Mr. <input type="checkbox"/> Ms <input type="checkbox"/>	First Name:		Last Name:	
Preferred Name:		Address (Street and Number):		
City:	State:		Zip Code:	
Email:	Phone Number:			
Profession/Career: Education (level and subject):		Languages Spoken:		
Previous Volunteer Experience:		Previous ESL Experience:		
Interests and Hobbies:		How did you learn about us?		
Availability (for each day, list available times)				
Monday:		Tuesday:		Wednesday:
Thursday:		Friday:		Weekend:

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Emergency Contact

- Name:
- Relationship (mother, child, husband, friend, etc.):
- Phone number:

Tutor Agreement Statement:

As a tutor with English in Action Conversations, I agree to:

1. attend weekly sessions regularly. Repeated absences will result in removal from the program.
2. contact the unit director when I need to miss a session. (You will receive contact information at your first session.) More than three unexplained absences will result in removal from the program.
3. inform the program staff if I need to switch units or if I need to leave the program.
4. have my photo taken when I participate in program events and classes.

Signature: _____

Date: _____

For Office Use Only:

Start Date	Unit	Notes

English in Action Conversations

TUTOR ASSESSMENT CHECKLIST

Name: _____

Date: _____

		YES	NO
LISTENING	Good hearing		
	Active Listener		
SPEAKING	Speaks clearly		
	Understandable accent		
	Appropriate vocabulary		
	Friendly, patient tone		
	Understandable pace		
NON-VERBAL	Understands social cues		
	Culturally sensitive		
	Welcoming body language		
	Respects personal boundaries		
MANNER/PRESENCE			
	Has a professional bearing		
	Patient		
	Polite		
	Non-judgmental		
	Personable		
	Friendly		
	Dresses appropriately		
PROGRAM			
	Understands program philosophy		
	Program buy-in		
QUALIFICATIONS			
	ESL experience		
	Teaching experience		

Recommend for EIA? Yes _____ No _____ qualified yes _____

NOTES: