

Workshop Date: ___/___/___



For Office Use Only
Tutoring Area: _____

DOMINICAN LEARNING FORM

CENTER (DLC) TUTOR DATA

Basic Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-Mail Address _____ @ _____

Sex: M ___ F ___ O ___

Birth Date ___/___/___

Race/Ethnicity: Black ___ White ___ Hispanic ___ Asian ___ Other _____ Country of Birth _____

Languages You Can Speak _____ Read _____ Write _____

Employer _____ F/T ___ P/T ___ Position/Occupation _____

Educational Background

High School Attended _____ College/University _____

Degrees/Certificates _____

Experience

Previous Teaching/Tutoring Experiences _____

Hobbies or special interests _____

How did you learn about the DLC?

Family Member ___ Community Organization _____ TV/Radio ___ Employer _____

Church Bulletin ___ Name of Church _____ Other Source _____

Tutoring Information

Please mark the days and times you are available for tutoring:						
	M	T	W	TH	F	S
Morning (9:00-Noon)						
Afternoon (Noon-5:00)						
Evening (6:00-9:00)						

Please indicate your availability for one or more of the tutoring sites listed below:

1. _____ Dominican Learning Center
2. _____ Library (write library name(s) here): _____
3. _____ Zoom
4. _____ Parish Class Site (ESL as Teachers are Needed):
 _____ Bishop Reedy High School _____ Christ the King Church _____ Saint Peters Church
 _____ Saint James the Less Church _____ Saint Thomas the Apostle Church _____ Saint Matthias Church

Do you know which subject you prefer to tutor?

ESL _____ Language Arts _____ Math _____

Periodically, we need tutors in other areas. Please check if you might also be interested in:

Social Studies _____ Science _____ Computer Skills _____

Job skills (resume, on-line applications, interviewing) _____

Would you prefer to teach (check all that apply)

One-to-one _____ Small Group (two-three) _____ Class (five-ten) _____

Do you want to teach (check all that apply)

Beginning _____ Intermediate _____ Advanced _____ No Preference _____

If you prefer to teach one-to-one, would you like to teach more than one learner? _____

PHOTO PERMISSION AND RELEASE FORM

I, _____, hereby release the Dominican Learning Center from any responsibility inherent in the use of my photograph(s) in their internal publications and/or website, or by the release of them to the press for use in newspapers, magazines, websites, or other media. I acknowledge that the Center's purpose in using the photo(s) is to promote the mission and ministry of the Congregation of the Dominican Sisters of Peace. I understand I will receive no monetary compensation regarding the use of this/these photographs.

Signed: _____

Print name: _____

Date: _____

Dominican Sisters of Peace
Communication Office
2320 Airport Drive
Columbus, Ohio 43219
(614) 416-1046
fax (614) 416-1027

Dominican Learning Center
1111 E. Stewart Avenue
Columbus, Ohio 43206
(614) 444-7330
fax: (614) 444-3628

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