**After-School Tutoring Program**

**Volunteer Tutor Application**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Last

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Apt./Fl.

**City \_\_\_\_\_\_\_\_\_\_\_\_\_State Zip Code \_\_\_\_\_**

**Home # \_\_\_\_\_\_\_ \_\_\_\_\_\_ Work# \_\_\_\_\_\_Cell# \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Areas of Interest/ Experience**

**(Please Select all that Apply)**

**Math\_\_\_ Algebra\_\_\_ Geometry\_\_\_ Science\_\_\_ Social studies\_\_\_ Writing \_\_ Vocabulary\_**

**Reading Comprehension \_\_ Reading Fluency \_\_Games/Sports \_\_ Art \_\_ Music \_\_**

* **Describe your knowledge/work experience in the subject areas checked above and your experience with child care/tutoring/ supervising youth.**
* **Why are you interested in volunteering for the After-School Tutoring Program?**
* **How did you hear about Succeed2gether‘s After-School Tutoring Program?**

**Best Day/Time for tutoring** (all sessions are conducted at the Montclair Public Library Main Branch 3rd Floor)

The expectation is you will tutor 2-3 students one day per week throughout the academic year.

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ (check all available days)

3:00-4:00 \_\_\_ 3:30-4:30\_\_\_ 4:00-5:00\_\_\_4:30-5:30\_\_\_5:00-6:00\_\_\_ (check all possible times)

**Return completed interest form to: info@succeed2gether.org, or Succeed2gether, P.O. Box 1355, Montclair, NJ 07042. For more information call 973-746-0553. After your interest form is received the Program Administrator will call to arrange a phone conference or in-person meeting. Thank you for your interest!**