

After-School Tutoring Program Volunteer Tutor Application

Name				
		Last		
Email				
Address				
Address Street			 Apt./Fl.	
Sueet		,	Αρι./11.	
City	State	Zip Cod	Zip Code	
•				
Home #	Work#	Cell#		
	Areas of Inte	est/ Experience		
		t all that Apply)		
Math Algebra	-		Writing Vocabulary_	
	<u>-</u>			
Reading Comprehens	sion Reading Fluency	Games/Sports_	Art Music	
your experien	ce with child care/tutori	ng/ supervising you	ıth.	
• Why are you i	nterested in volunteering	ງ for the After-Scho	ol Tutoring Program?	
• How did you l	near about Succeed2geth	er's After-School Tu	utoring Program?	
	ring (all sessions are conducte			
The expectation is you will	tutor 2-3 students one day pe	week throughout the ac	cademic year.	
Monday Tuesday_	Wednesday Thurs	day (check all a	vailable days)	
3:00-4:00 3:30-4	:30 4:00-5:00 4:30	5:305:00-6:00	(check all possible times)	
Daturn campleted in	taract farm tal infa@cu	ccood?aothor.c=a	w Cusesad Pasthon D.O. Pay	

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!