

# Tutor Registration

FORM

Date: \_\_\_\_\_



### I prefer to tutor

- Male
- Female
- Younger
- Older
- No Preference

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Apt.

\_\_\_\_\_ City/Town Postal Code

Telephone: \_\_\_\_\_  
Home Business Fax

e-mail: \_\_\_\_\_

Male  Female      Age:  18-30  31-45  46-60  60+

### Volunteer Activity

Please check what you are interested in helping with...

- Tutoring
- Office Work
- Newsletter
- Fundraising
- Public Speaking
- Board
- Computer Tutoring

Please list the times and days you are available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I would prefer to receive information by

Continued /

- mail
- e-mail

# Bedford-Sackville Learning Network

Your Employer: \_\_\_\_\_

Please briefly describe your education, work and/or volunteer experience:

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Please describe your hobbies or interests:

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**References** *(Names of two local personal references)*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How did you find out about the Bedford Sackville Learning Network?

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Please return your completed form to: Program Coordinator, Bedford-Sackville Learning Network,  
475 Sackville Drive, Lower Sackville, NS B4C 2S1

Telephone: 869-3838 • e-mail: [bsln@chebucto.ns.ca](mailto:bsln@chebucto.ns.ca) • [www.chebucto.ns.ca/Education/BSLN](http://www.chebucto.ns.ca/Education/BSLN)