

## Columbus Academy Tutoring Center **Tutor** Application

**Contact Information:**

**Tutor's Name:** \_\_\_\_\_

**Home Address/City/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Education:**

<b>School/Experience:</b>	<b>Years of Experience:</b>	<b>Special Certifications:</b>	<b>Other:</b>

**Teaching Preferences: Please let us know what areas you are able to tutor.**

<b>Subjects:</b>	<b>Grade Levels:</b>		<b>Special needs:</b>

**Availability: Please mark the times you can tutor throughout the week.**

<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>