



Adult Literacy Tutor Application

Name: _____ Date: _____

Phone: _____ Email: _____

The best way to contact me is: _____

In case of emergency, contact: _____ Phone number: _____

Related experience: _____

Can you meet at Kearney Public Library once a week for one-hour sessions? _____

Availability (please mark the specific days and times you may be available or would prefer to meet for your one-hour tutoring sessions):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Special interests / abilities: _____

Why would you like to tutor adults? _____

Do you speak any languages in addition to English? If so, please list the language(s) and estimated proficiency. _____

Other important information: _____

Thank you for applying to be a volunteer tutor!

If you have questions, please contact:

kearneyliteracy@gmail.com