

Cañada College Learning Center Tutor Application

For Fall 2019

Please Print Legibly

G

Last Name _____

First Name _____

G-Number _____

Address: _____

Number and Street _____

City _____

State _____

Zip Code _____

| | | | |
|---------------|-------|---------|---------------|
| School Email: | _____ | | @my.smccd.edu |
| Mobile #: | _____ | Home #: | _____ |

1. Are you a high school graduate or completed your GED?

If yes, are you over the age of 18?

Yes No

Yes No

2. How many units are you enrolled in for the Fall semester?

3. Have you completed LCTR 100?

Yes No

4. Are you eligible for Work Study?

Yes No Not Sure

5. Are you an International Student?

Yes No

If yes, have you obtained a Social Security Card?

Yes No

6. When do you plan to graduate?

Spring

Fall

Year _____

7. Have you ever worked for the San Mateo Community College District?

Yes No

If yes, where do/did you work: _____ Supervisor: _____

8. Do you speak another language?

Yes No

If yes, what language(s): _____

9. Do you have any previous tutoring experience?

Yes No

If yes, please give a brief description: _____

Below, list the specific subjects you would like to tutor and get instructors' signature(s).

| Subject Area | Course Number | Instructors Name (Printed) | Instructor Signature |
|--------------|---------------|----------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Potential Tutor Schedule

1. How many days per week would you want to work? _____ *

2. How many hours per week would you want to tutor? _____ *

3. Are you interested in tutoring on Saturdays (10AM - 2PM by appointment only)? Yes No

4. Please indicate all the days and times you are available to work by marking the boxes below. (Please note that by checking a box below that is confirming your availability to work during that half hour period).

*: We will make every effort to arrange a schedule so that it meets your needs, but hours given are based on Learning Center needs. Your scheduled hours may be less than you request.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|---------|-----------|----------|--------|----------|
| 8:00 AM | | | | | | |
| 8:30 AM | | | | | | |
| 9:00 AM | | | | | | |
| 9:30 AM | | | | | | |
| 10:00 AM | | | | | | |
| 10:30 AM | | | | | | |
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| 6:30 PM | | | | | | |
| 7:00 PM | | | | | | |
| 7:30 PM | | | | | | |
| 8:00 PM | | | | | | |

For Office Use Only:

Date Received: _____ Contact Date: _____ Interview Date: _____ Recommendation Verified Date: _____

GPA Verified: _____ Embedded: Yes No Maybe Animal: _____