

VOLUNTEER TUTOR APPLICATION

Please answer the following questions:

Name: _____

Address: _____

City: _____ Postal Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Which subjects are you interested in tutoring? (please X all that apply)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Pre-Calculus Math 40S

Applied Math 40S

Essential Math 40S

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Physics 40S

Chemistry 40S

Other: (please list below)

What kind of experience do you have in these subjects?

Name and phone number of a reference we can call:

Name: _____ Phone: _____

Why do you want to tutor?

Why do you think you would make a good tutor?

Any additional comments?

Statement of Privacy and Protection of Personal Information:

Personal information is collected during the application process for educational and operational purposes. It will be used and disclosed for assessing the credentials of the volunteer tutor application, interviewing potential candidates, and determining tutoring assignments and schedules. The collection, use, and disclosure of personal information is limited to the minimum amount of information necessary for the purposes identified. Knowledge and consent are required for the collection, use, and disclosure of personal information, except where inappropriate, or in specific circumstances authorized or required by law. Authorization is required for indirect collection, use, and disclosure of personal information, except where inappropriate, or in specific circumstances authorized or required by law. Consent and authorization to the collection, use, and disclosure of personal information is required in order to apply for a volunteer position. Consent and authorization will remain valid for ten years. Consent and authorization can be withdrawn at any time. Withdrawal of consent and authorization is effective upon receipt of a written request and may lead to the termination of the volunteer position. Personal information is kept secure, private, confidential, and is only accessible to authorized personnel. To access and/or request corrections to personal information, submit a written request to withdraw consent and authorization, or if there are any questions about the collection, use, and disclosure of personal information, contact the Director of Jobworks Adult Learning Centre, 1175 Pembina Highway, Winnipeg, MB R3T 2A5, (204) 453-8351.

By signing below, I declare that:

All of the information that I have provided throughout the application process is true and accurate.

I have read and understood the Statement of Privacy and Protection of Personal Information.

I hereby consent to the collection, use, and disclosure of my personal information to Jobworks Adult Learning Centre and its administrative and program staff.

Name (Please Print)

Signature

Date