



# ESL VOLUNTEER TUTOR APPLICATION

## BASIC INFO

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Are you willing to teach virtually (through Zoom or other app?) YES \_\_\_\_\_ NO \_\_\_\_\_

Are you able to commit to a 6 to 12-month timeframe? YES \_\_\_\_\_ NO \_\_\_\_\_

## BACKGROUND

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Your highest level of education \_\_\_\_\_

Have you ever worked in a volunteer position? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list your position and duties:

\_\_\_\_\_  
\_\_\_\_\_

Are you a fluent speaker of English? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you speak a second language? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have an ESL background? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide a brief explanation:

\_\_\_\_\_

## WORK EXPERIENCE

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Most recent or present position \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Previous position \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

## REFERENCES

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PLEASE PROVIDE TWO (2) REFERENCES

Name \_\_\_\_\_ Personal Reference \_\_\_\_ Professional Reference \_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Personal Reference \_\_\_\_ Professional Reference \_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## INTEREST

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Why are you interested in volunteering with Bergenfield Library's ESL program?

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## AVAILABILITY / PREFERENCES

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PLEASE INDICATE YOUR INSTRUCTION PREFERENCE:

One-on-One \_\_\_\_\_ Small Group Class \_\_\_\_\_ Conversation Class \_\_\_\_\_

PLEASE INDICATE YOUR TIME PREFERENCES:

	MON	TUE	WED	THU	FRI	SAT	SUN
							
							
							

Return your completed application to Francesca Marraro, ESL Coordinator, at [fmarraro@bergenfieldlibrary.org](mailto:fmarraro@bergenfieldlibrary.org). For questions, please call 201-387-4040 x2837.