



# Tutor Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Program of Study: \_\_\_\_\_ Student #: \_\_\_\_\_

**Subjects/courses/levels you are comfortable tutoring:**

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

**What skills or topics could you assist students with one-on-one?**

- |   |  |
|---|--|
| <input type="checkbox"/> Staying on top of assignments        | <input type="checkbox"/> Grammar                         |
| <input type="checkbox"/> Getting organized/ making a schedule | <input type="checkbox"/> Sentence Structure              |
| <input type="checkbox"/> Test Preparation                     | <input type="checkbox"/> Essay outlines                  |
| <input type="checkbox"/> Reading skills                       | <input type="checkbox"/> Formatting essays and citations |
| <input type="checkbox"/> Memory aids                          | <input type="checkbox"/> Study methods                   |
| <input type="checkbox"/> Other: _____                         |  |

**Highest Level of Education completed:**

\_\_\_\_\_

**Experience with tutoring (if any) either volunteer or paid:**

\_\_\_\_\_

**Please send this application and a copy of your current resume to:**

Kezia Sinkewicz, Accessibility Services Coordinator  
ksinkewicz@coastmountaincollege.ca 250-638-5496