Cañada College Learning Center Tutor Application

Please Print Legibly   Date _____

		G-Number	G
Last Name	First Name	Birth Date	

Address: _____
Number and Street   City   State   Zip Code

Mobile #:		Home #:	

School Email:		@my.smccd.edu
Personal Email:		@

1. How many units are you enrolled in for the current/coming term?   _____

2. Have you completed LCTR 100?   ☐Yes ☐No

3. Are you eligible for Work Study?   ☐Yes ☐No ☐ Not Sure

4. Are you an International Student?   ☐Yes ☐No
If yes, have you obtained a Social Security Card?   ☐Yes ☐No

5. When do you plan to transfer/graduate?   ☐Spring   ☐Fall   Year _____

6. Have you ever worked for the San Mateo Community College District?   ☐Yes ☐No
If yes, where do/did you work: _____Supervisor: _____

7. Do you speak another language?   ☐Yes ☐No
If yes, what language(s): _____

8. 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						
11:00 AM						
11:30 AM						
12:00 PM						
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