



**Office of Second Language Acquisition  
ESL TUTORS PROGRAM**

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in becoming an ESL tutor volunteer. Please fill out the following information:

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

Title: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
(Mr., Mrs., Ms., Dr.) Last First M.I.

Home Address: \_\_\_\_\_  
Number / Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**What times are you available?** Please indicate your preferred times to volunteer. You will be scheduled to work the same hours every week. The list of participating schools includes times when each school can accept volunteer help. Please note that most schools can only accommodate volunteers during school day.

**Preferred day(s) of the week:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Preferred time(s) of day (between 8:00 am and 4:00 p.m.) \_\_\_\_\_

Do you prefer to work at a certain elementary/high school? \_\_\_ Yes \_\_\_ No

If yes, please indicate your preference(s) below:

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

Are you currently employed? \_\_\_ Yes \_\_\_ No \_\_\_ Full time \_\_\_ Part time

Employer/Organization/School: \_\_\_\_\_

Employer/Organization/School Address: \_\_\_\_\_

\_\_\_\_\_  
Title Work Phone Fax

Please list two personal references (do not list relatives):

Name Address Phone Number

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

In case of emergency, please contact: \_\_\_\_\_  
Name Relationship Phone Number

**Do you have a preference of ELL students?**

**I would prefer to tutor students whose first language is:**

\_\_\_ Arabic

\_\_\_ Farsi

\_\_\_ Spanish

\_\_\_ Cambodian

\_\_\_ French

\_\_\_ Wolof

I do not have any preference \_\_\_\_\_

- An orientation Program is required in order to participate in the ESL Tutors Program. The next Orientation Program will take place on \_\_\_\_\_ at CPS Education Center, 2651 Burnet Avenue, Cincinnati, Ohio 45219.
- \_\_\_ I will attend the scheduled orientation \_\_\_ I'm unable to attend the scheduled orientation
- If you cannot attend the scheduled orientation program, please contact Sr. Margarita Brewer and special arrangements will be made.

I certify that the information I have written is correct and that **Cincinnati Public Schools** has my permission to contact my references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed application by mail, email, or FAX to:**

**Sister Margarita M. Brewer, SC**, ELL Welcome Center  
Academy of World Languages, Cincinnati Public Schools, 2030 Fairfax Ave., Cincinnati, OH 45207  
Tel.: 513-363-7809 FAX: 513-363-7805 Email: [Brewerm@cps-k12.org](mailto:Brewerm@cps-k12.org)