



Adult Registration Form

Date: _____ Name: _____

First Language: _____

Phone: (Home) _____ (Work): _____ (Cell): _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Gender: Male Female Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

WHERE?

Please let us know where you would be willing to do tutoring? Circle one, both or all.

Avon Library Gypsum Library Eagle Library

Please note that the Gypsum library is only open until 6pm on Tuesdays-Fridays.

WHEN?

What days and times are you available for tutoring? Please put an X in any time period where you are available for tutoring.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-12noon							
12noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							



Racial/Ethnic Group

___ African American ___ Asian American ___ Caucasian
___ Hispanic ___ Native American ___ Pacific Islander

___Multicultural

___Other_____

Education

Highest grade completed? _____

High school diploma? ___Yes ___No ___GED

Special Education Classes? ___Yes ___No

College? ___Yes ___No ___Degree

Personal Goals

Directions: Please circle UP TO 3 goals that are most important to you right now.

- ❖ Get a job or get a better job
- ❖ Enter special career training
- ❖ Obtain citizenship
- ❖ Obtain a driver’s license
- ❖ Improve your skills to get better employment opportunities
- ❖ Increase your interactions in the community
- ❖ Increase your involvement in your children’s school, including homework
- ❖ Improve your health and wellness
- ❖ Other personal goal: _____

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