



Please complete in full

- * Date: _____
- * Student First Name: _____ * Last Name: _____
- * Social Security Number: _____
- * Address: _____
- * City: _____ * State: _____ * Zip: _____
- * Date of Birth: ___/___/_____ * Age: _____ * Gender: M F Other
- * Phone Number: _____ * Alternate Phone Number: _____
- * Email Address: _____
- * English-Speaking Contact Name/Relationship: _____
- * Contact's Phone Number: _____

- * Student Country of Birth: _____ * Student Native Language: _____
- * Native Language Ability: Speak Read Write
- * How long have you been in the United States? _____
- * Do you plan to live here permanently? Yes No (If no, how long will you stay? _____)
- * Have you filed for asylum/refugee status? Yes No

*** Availability- please check all times that you are available for tutoring**

Note that children are not permitted to attend tutoring sessions.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

*** Tutor Preference:**

- Virtual
- In-Person

- * Location Preferences: Voorhees Cherry Hill Other: _____
- * Transportation Mode: _____
- * Special Needs: Hearing Impaired Physically Disabled Wheelchair Other _____
- * Source of Referral: Library Family/Friend Unemployment Agency Other _____

→ There is a second page. Please turn over. →

* **Ethnicity (choose one):** Hispanic/Latino Not Hispanic/Latino

* **Race (choose one or more):** American Indian/ Alaskan Native Native Hawaiian/Pacific Islander
 Black or African American Asian White

* **Employment Status:** Employed Full Time Employed Part Time
 Unemployed Not Looking for Work Retired U.S. Citizen F1 Student Visa

* **Current job:** _____ * **Job in home country:** _____

* **Approximate Current Individual Income:** _____

* **Barriers to Employment (check all that apply):** Cultural Barriers Disabled Single Parent
 Displaced Homemaker English Language Learner Long Term Unemployment
 Low Literacy Levels Migrant/Seasonal Worker Homeless Low Income
 Ex Offender TANF exhausted Foster Care Youth

* **Education Level:** Less than high school (last grade completed: _____) High school graduate
 Some college/technical school Bachelor degree Graduate degree Unknown

* **Education Location:** Attended school in the U.S. Attended school outside the U.S.

* **Did you study English in your country:** Yes, _____ years No

* **Can you read English?** Yes No A little * **Can you write English?** Yes No A little

* **How much spoken English do you understand?** A lot Some A little None

* **What do you do to improve your English?** Study Watch TV/movies/Radio Listen to people Other

* **Do you use the Internet?** Yes No * **Own a smartphone?** Yes No

* **What are your goals? Check all that apply:** Get a job Get a better job Retain a job
 Obtain a high school diploma Enter college Enter job training Obtain citizenship
 Increase community involvement Increase involvement in your child's education

Please Explain: _____

Student's signature: _____ **Date:** _____

To become a student with LVCC, you will need to be tested on a weekday during normal business hours. We will contact you.

**Return to: Literacy Volunteers of Camden County
Camden County Library
203 Laurel Road
Voorhees, NJ 08043**

Office Use Only

ESL database Access S/T LACES Referred to: _____

Tutor: _____ Notes: _____

Class: _____

Consent to Share Academic Information

I, (student name) _____, give permission to (*name of agency*) Literacy Volunteers of Camden County to share my school records. This includes my high school equivalency test results, if applicable. The records they can share include my name, Social Security number, student ID number, address, and date of birth. They can share this information with the Department of Labor and Workforce Development and the (*consortium lead agency/sole provider*) Camden County College which works with the NJ Department of Labor to run our education programs.

I understand that my records will be used only for making group reports for the National Reporting System (NRS), checking how well our education programs are working, or making sure we follow federal rules for the WIOA Title II adult education grant program.

By signing this, I agree that I have read and willingly allow the release of my information as described above.

Signature (parent/guardian if under 18)

Date