



STUDENT TUTOR APPLICATION – TVUSD PEER TUTORING PROGRAM

Last Name: _____ School: _____ Date: _____

First Name: _____ Grade Level: _____ Student ID: _____

Contact Number (Home/Cell): _____ Email Address: _____

What subject(s) are you able to tutor? Indicate general subjects and specific classes as applicable.

(Highlighted Subjects are in high demand.)

✓ **ALL K-8 SUBJECTS - REQUIRED** (English, Math, Science, Social Studies, etc.)

• **ENGLISH**

- Reading
- Writing
- Literature

• **LANGUAGES**

(Please indicate level)

- Spanish _____
- French _____
- German _____
- American Sign Language _____

• **SCIENCE**

- Biology
- Chemistry
- Physics
- Earth Science
- Environmental Science

• **SOCIAL SCIENCE**

- History
- Government
- Psychology
- Geography

• **MATH**

- Algebra I
- Geometry
- Algebra II
- Pre-Calculus
- Calculus _____
- Trigonometry
- Statistics

• **OTHER (specify):**

- _____
- _____

Date you can begin tutoring: _____

The Peer Tutoring Program runs **Sunday: 1:00pm – 5:00pm** and **Monday – Thursday: 3:00pm – 6:00pm**.

Please mark all the days and times you are available to tutor with an X. (Weekdays in demand.)

You are committing, to the best of your ability, to tutor on a weekly basis at the Temecula Public Library.

Please do your best to be available during testing seasons (midterms, finals, AP testing, SAT/ACT, etc.)

	1:00pm	1:30pm	2:00pm	2:30pm	3:00pm	3:30pm	4:00pm	4:30pm	5:00pm	5:30pm
SUN										
MON										
TUES										
WED										
THUR										

Additional Information/Availability Details/Notes:

How did you hear about our Peer Tutoring Program?

Please include a reference from a teacher, preferably one of a subject for which you would like to tutor.

Teacher Name: _____ Email: _____

School: _____ Subject: _____

Comments: _____

Teacher Signature: _____ Date: _____

Please have your counselor verify that you are eligible to tutor and assist other K-12 students.

Counselor Name: _____ Email: _____

School: _____

Comments: _____

Counselor Signature: _____ Date: _____

Please have a parent/guardian read and complete the following section.

The **TVUSD Peer Tutoring Program** involves weekly scheduled commitments to volunteer as a student tutor and work with other K-12 students for community service hours during the times indicated on this form.

Tutoring sessions are conducted at the **Ronald H. Roberts Temecula Public Library** and will be under the supervision of the Technology Homework Center Coordinator and Library staff.

Please feel free to contact us with any additional questions or concerns.

With your signature, you give your child permission to participate in the TVUSD Peer Tutoring Program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Contact Number (Home/Cell): _____ Email: _____



Please return application to:  **RONALD H. ROBERTS TEMECULA PUBLIC LIBRARY**

Technology Homework Center Coordinator at the Ronald H. Roberts Temecula Public Library

bit.ly/thctemecula | (951) 901- 8421 | THCTemecula@gmail.com

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