

LEARNING POWER, LLC ASSOCIATE APPLICATION

NAME: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen: Y N (please circle)

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

COLLEGE DEGREE (s) and other TEACHING CREDENTIALS:\*

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

TEACHING and TUTORIAL EXPERIENCE\*:

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

AREAS (FIELDS) OF EXPERTISE FOR TUTORING:

AGE GROUP (S): \_\_\_\_\_

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

AVAILABILITY FOR TUTORING: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. (Please circle)

A.M.: \_\_\_\_\_ to \_\_\_\_\_ Afternoons: \_\_\_\_\_ to \_\_\_\_\_ Evenings: \_\_\_\_\_ to \_\_\_\_\_

REFERENCES:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

School/Org.: \_\_\_\_\_ School/Org.: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a crime? Y N (please circle)

The undersigned hereby confirms the truth and completeness of the information provided herein.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date