

Lee Memorial Library

500 West Crescent Ave.

Allendale, NJ 07401

(201) 327-4338

DATE: _____

Tutor Application

FIRST NAME: _____

M / F / Other

LAST NAME: _____

Address: _____

City/State/Zip: _____

Phone (Home): _____

Which phone would you
prefer to be reached at?
Home / Cell

Phone (Cell/Work): _____

Email: _____

Availability: Days M T W TH F S

Times _____

Student Preference: Male Female None

Do you have skills/interests that you would like us to know about?

Do you have computer knowledge and experience?

Do you have any language skills?