

WAYLAND PUBLIC LIBRARY ~ ENGLISH FOR SPEAKERS OF OTHER LANGUAGES PROGRAM
LEARNER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home # _____

Cell # _____ Work # _____

In case of emergency, notify: Name: _____

Address: _____

Telephone: _____ Relationship: _____

Availability: Check days of the week & times of the day that are options for you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Personal Information:

Educational Background: _____

Languages Spoken: _____

Current Employment: _____

Previous Employment: _____

Date of Birth: _____ / _____ / _____ Sex: Female ___ Male ___

Country of Origin: _____ Date of Arrival: _____ / _____ / _____

Learner Commitment for Tutoring:

I can meet with my tutor for 1½ hours each week for ___ 6 months; ___ 8 months; ___ 1 year.

I can do homework for _____ hours per week.

Other Information:

What are your educational goals? _____

What are your personal interests? _____

How did you learn about the Wayland Library ESOL Program? _____

Signature of Learner: _____ Date: _____

Return this form to: ESOL Program, Wayland Library, 5 Concord Rd, Wayland, MA 01778

Wayland Library ESOL Tutoring Program Staffed by Volunteers ~ Any donations will be appreciated.

(Form: 1/25/10)