

**Dyslexia Foundation of Memphis**  
Tutor Application

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (ZIP + 4)

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

E Mail Address \_\_\_\_\_

Please describe any previous experience working with children: \_\_\_\_\_

\_\_\_\_\_

To be a current member of the Dyslexia Foundation, a yearly dues fee of \$20.00 per family is necessary. If you have not already paid for the year, please enclose a check for dues (\$20.00). Make this check payable to: Dyslexia Foundation of Memphis.

**Please read carefully before signing:**

I hereby make application for employment as a tutor in the Dyslexia Foundation of Memphis program. I understand that I am required to attend all training workshops without compensation. This application, if accepted, is binding only as long as I perform satisfactory service as a tutor. If I do not meet the requirements for attendance and services, a loss of pay will result. Hired tutors will be paid by the day at monthly intervals.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

I have tutored:      Math \_\_\_\_\_      Language \_\_\_\_\_      Social Studies \_\_\_\_\_  
                         Social Values \_\_\_\_\_      Auditory \_\_\_\_\_      Small Group Reading \_\_\_\_\_  
                         None of the above \_\_\_\_\_

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The following is for hired tutors only: Please list two references.

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

=====

Emergency Contact Information: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

To be read and signed by parent of tutors under 18 years of age:

I hereby agree to support my child in his/her commitment to the Dyslexia Foundation. I am aware that this is a one-to-one tutoring situation and that he/she is required to be present every day.

Signature of Parent or Guardian \_\_\_\_\_

**Return Applications by Specified Deadline**