

982 North Main Street
Rockford, IL 61103-7061

Phone # 815-963-7323
FAX # 815-963-7347



Tutor Registration Form

Name _____

Date _____ Phone # _____ Best Time to Call _____

Address _____

City _____ State _____ Zip Code _____

Employer Name _____

Employer Address _____

Personal Reference Name _____

Personal Reference Ph # _____ Best Time to Call _____

Please state in 4 to 6 sentences your reasons for wanting to become a reading tutor:

Workshop number, date and time of the workshop you wish to attend:

**Please mail this registration form to the address shown above, or send it by Fax.
Thank you for your interest in becoming a volunteer tutor!**

A United Way Agency
