

*Please read carefully and complete all sections. Print clearly in ink.  
\*Indicates required field.*

**What Are You Applying For?**

<b>ESL VOLUNTEER TUTOR</b>	Course Code _____
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**Complete Legal Name**

First Name*	Last Name*
Middle Name(s)	Former Name(s)

**Permanent Address**

P.O. Box # or Street Mailing Address*		
Town/City*	Province*	Postal Code*
Primary Phone Number (xxx-xxx-xxxx)*		
Alternate Phone Number (xxx-xxx-xxxx)		
Email Address*		

**Alternate Contact Information**

*This person will be contacted if we cannot reach you by way of your other contact information.*

Contact Name
Contact Relationship
Contact Primary Phone Number (xxx-xxx-xxxx)
Contact Alternate Phone Number (xxx-xxx-xxxx)

**Personal Information**

*Your personal information will assist us in matching you with a participant.*

Gender*	Birthdate (yyyy-mm-dd)*
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	What other languages do you speak?

**Employment**

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What other types of jobs have you had?
If yes, where are you employed?	
Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

***Skills and Experience***

Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
Have you had any experience in providing support to someone who speaks English as a Second Language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of experience?
What do you feel you can bring or add to our tutor program team?	
Why do you want to volunteer as a tutor with Carlton Trail College?	
What do you hope to gain by being matched with a Learner?	
What are some of your hobbies and interests?	
Please share some additional information about yourself that would assist us in finding a suitable match.	

***References***

Name	Work Phone	Cell Phone
Address	Email Address	
Relationship		

Name	Work Phone	Cell Phone
Address	Email Address	
Relationship		

Name	Work Phone	Cell Phone
Address	Email Address	
Relationship		

**Preferences**

What days and times are you available to tutor?	When can you start?
Preferred Language Level of Learner <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Other Preferences?	

**Volunteer Opportunity Awareness**

How did you become aware of this volunteer opportunity?		
<input type="checkbox"/> Program Guide or Flyer	<input type="checkbox"/> Career Fair or Tradeshow	<input type="checkbox"/> College Staff
<input type="checkbox"/> Website	<input type="checkbox"/> School Presentation	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Email	<input type="checkbox"/> Other
<input type="checkbox"/> Radio or TV	<input type="checkbox"/> Letter or Postcard	<input type="checkbox"/> Don't Remember
<input type="checkbox"/> Social Media		
Would you like to receive promotional information about Carlton Trail College's programs and events via email?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Authorization & Consents**

The information on this form is collected under the legal authority of the Regional Colleges Act 1998 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Carlton Trail College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information, please contact the Carlton Trail College Privacy Officer at 1.800.667.2623.

Carlton Trail College reserves the right to revise or cancel programs and courses, revise policies and procedures, and terminate a student/tutor match as deemed necessary without notice.

By submitting this application form, I hereby acknowledge, authorize and consent to the following:

I consent to Carlton Trail College using and releasing my personal information to any person, agency, or government agency such as Citizenship and Immigration Canada and the Ministry of the Economy, as may be necessary to support the English language training and the funding and delivery of English language programming.

I agree to submit a criminal record and vulnerable sector check. Please ask your local RCMP Detachment to complete these checks and advise them it is required for a volunteer position.

I agree to abide by the rules and regulations of Carlton Trail College, including adhering to program related policies and procedures.

I hereby certify that all of the information provided is true and complete. I understand that false information may result in the cancellation of my status as a volunteer.

**Please Submit...**

<p>Submit this application form and your criminal record and vulnerable sector check(originals) in person to your nearest Carlton Trail College office, or by mail to:</p> <p>Carlton Trail College 611-17th Street, PO Box 720 Humboldt, SK S0K 2A0</p> <p><b>*Note: Faxed or photocopies of your documents are not accepted. Original documents must be seen and verified by authorized Carlton Trail College personnel.</b></p>
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**Signature**

_____	_____	_____
Name of Applicant*	Signature*	Date of Application*

<b>FOR OFFICE USE ONLY</b>			
Date Received	Citizenship Documents Received	English Language Documents Received (if any)	Eligibility Decision
LINC/CIC	Stage 1/Prov	ICare	Date Acceptance Sent
Prov. Report	OCSM	Edline	Receipt #
Reference #1 Notes		Reference #2 Notes	Reference #3 Notes
Criminal Record Check	Vulnerable Sector Search	Approved:	Approval Notes
Learner Match:			Date:
Follow Up Date:	Follow Up Date:	Follow Up Date:	Follow Up Date:
Notes:	Notes:	Notes:	Notes:
Learner Match:			Date:
Follow Up Date:	Follow Up Date:	Follow Up Date:	
Notes:	Notes:	Notes:	Notes:
Learner Match:			Date:
Follow Up Date:	Follow Up Date:	Follow Up Date:	
Notes:	Notes:	Notes:	Notes:

**HUMBOLDT (Head Office)**

Carlton Trail College  
Box 720 (611-17<sup>th</sup> Street)  
HUMBOLDT, SK S0K 2A0

PH: 306.682.2623

**WATROUS**

Carlton Trail College  
Box 459 (202A 6<sup>th</sup> Avenue East)  
WATROUS, SK S0K 4T0

PH: 306.946.2094

**WYNYARD**

Carlton Trail College  
Box 716 (400A Avenue D West)  
WYNYARD, SK S0A 4T0

PH: 306. 554.3767