Dyslexia Foundation of Memphis

Tutor Application

Name	Social Security # (Last) (First) (Middle)				
(Last)	(First)	(Middle)			
Address					
(Street)		(City)	(State)	(ZIP + 4)	
Telephone ()		Age:	_ Date of Birth _	/ /	Sex
E Mail Address					
Please describe any pro	evious experience	working with childr	ren:		
To be a current mem is necessary. If you I this check payable to	nave not already	paid for the year,	please enclose a	ly dues fee o check for du	f \$20.00 per family les (\$20.00). Make
Please read carefully I hereby make applic understand that I am accepted, is binding or attendance and service	ation for employ required to atter aly as long as I per	nd all training work	kshops without co ervice as a tutor. If	ompensation. I do not meet	This application, if the requirements for
Signature of Applicant	:		Date		
I have tutored:	Social Values None of the abo		Small	Group Readin	ng
The following is for hi				= =	
Name					
Address Telephone					
Name					
Address 7			`elephone		======
Emergency Contact l					
Relationship:		Phone Number:			
To be read and signed I hereby agree to supp one-to-one tutoring situ	ort my child in hi	s/her commitment t	o the Dyslexia For		m aware that this is a
Signature of Parent or	Guardian				

Return Applications by Specified Deadline