



Volunteer Tutor Application, Vancouver BC

Please complete this form and attach photocopies of required documentation, as seen below.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Telephone(Home): _____ (Fax): _____ (Cell): _____

ACADEMIC HISTORY *(please begin with highest degree)*

Degree: _____ Institution: _____ Date: _____ Major: _____

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Other credits & certification:

TRAINING APPROACH *(please submit a description of your Orton Gillingham approach training & experience)*

Orton-Gillingham Training Principal Trainer: _____

Institution Name & Address: _____ Telephone : _____

City/Town: _____ Province / State: _____ Postal Code / ZIP: _____

From (date training began): _____ To (date training completed): _____

Total number of course hours: _____ Practicum hours: _____

Ages of students tutored in practicum: _____

Orton-Gillingham experience after training:

Please submit your resume, including professional societies to which you belong or belonged to, and two letters of recommendation from persons knowledgeable about your professional work. If you wish, a standard *curriculum vitae* may be used. Please include a letter of recommendation from your principal Orton-Gillingham Trainer, and send it to the Chairperson of the Board of Governors of the Learning Centre to which you are applying. Please submit photocopies of Certificates of other proof of completion of training. Please also list and describe Conferences / Workshops you have attended, and list any CEUs you have accumulated.

By my signature below, I hereby authorize the Scottish Rite Charitable Foundation's Learning Centre Committee to inquire into and conduct a background check to determine my eligibility as a tutor for this program. I understand that the Scottish Rite Charitable Foundation will keep these records in strict confidentiality and will not disclose my personal information to any outside party(ies).

Please send to: BC Learning Centres, c/o Suite 200 – 1687 West Broadway, Vancouver, BC V6J 1X2

Fax: 604-738-8116

Feel free to contact us at: 604-736-4659 or 604-738-1111

Signed: _____ Date: _____



Learning Centre Tutor Application Check List

Put and "X" in the box when you have enclosed the corresponding document.

- Completed and signed Volunteer Tutor Application
- Curriculum Vitae
- Two Recommendation Letters

Also note that we require a criminal record check (we will reimburse the cost). Please visit the link below for police stations that conduct these searches:

<http://vancouver.ca/police/organization/records-checks-fingerprinting/index.html>

Please indicate on the consent form that the results be sent to:

**Scottish Rite Charitable Foundation BC Learning Centre
for Children with Dyslexia
c/o 200 – 1687 West Broadway
Vancouver, BC V6J 1X2**

Organization Contact Person: Jack Barr

Telephone Number: 604-738-1111

Fax Number: 604-738-8116