

**TUTOR APPLICATION – SuCCess Center**

Fall Spring Summer YR: 20\_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. #: (Last 4 #'s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Texting? Yes No GPA: \_\_\_\_\_

Email: \_\_\_\_\_@scciowa.edu Campus Preference: \_\_\_ West Burlington \_\_\_ Keokuk

Were you eligible for financial aid? \_\_\_ Yes \_\_\_ No Program Major: \_\_\_\_\_

You must have received an **A** or **B** in course to tutor.

\_\_\_ referral sheet(s) sent \_\_\_ ref 1 received \_\_\_ ref 2 received \_\_\_ ref 3 received

**SUBJECTS IN WHICH YOU ARE QUALIFIED TO TUTOR:**

Subject: \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

**Check all the boxes when you are available to tutor.**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 8:50 am					
9:00 – 9:50 am					
10:00 – 10:50 am					
11:00 – 11:50 am					
12:00 – 12:50 pm					
1:00 – 1:50 pm					
2:00 – 2:50 pm					
3:00 – 3:50 pm					
4:00 – 7:00 pm					

**OVER** 

## TUTOR CONTRACT

Print Name: \_\_\_\_\_

As a tutor, I agree to work with student tutees to provide academic assistance for required course work. Initial tutoring appointments will be established by the Tutor Coordinator according to the schedule I submit each semester. If different days/times to meet are arranged with the tutee, the Tutor Coordinator must be notified.

**By signing this contract below, I agree to:**

- Keep in contact with the Tutor Coordinator (Ext. 1972) on a regular basis, to monitor tutees' academic progress and attendance, and to address any questions or concerns.
- Promote a safe and non-threatening tutoring environment.
- Be punctual, professional, and dependable in tutoring relationships, realizing that my behavior will serve as a positive role model.
- Observe at least one class in the content area I tutor each semester.
- Maintain regular contact and work cooperatively with faculty.
- Attend tutor trainings and meetings offered each semester.
- Enter information for each tutorial session on a time sheet.
- Post tutorial sessions with student tutees in the tutorial log book daily.
- Submit time sheets each pay period by required deadline.
- Evaluate the tutorial program at the end of each semester.

I understand that I am employed by the College and, in accordance with the Southeastern Community College philosophy, I will support all faculty/staff and conduct myself in a professional manner.

I promise to hold in the strictest confidence any information that I may acquire about students in my position as a tutor. I understand that breach of confidentiality will result in termination of my duties.

Although tutoring services are free for the student, I appreciate the importance of financial stewardship with College funds; therefore, I agree to report to the Tutor Coordinator any student who misses more than one tutoring session that is not an excused absence.

I understand that failure to fulfill the terms of this contract may terminate my position as a tutor.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

