TUTOR REGISTRATION FORM

Thank you for registering as a tutor for the Cleveland Federal Executive Board Tutoring Program. Please note that your registration will not be considered complete until the Approval Form has been signed by your supervisor. If you have any questions, please do not hesitate to contact Cynthia Davis, FEB Tutor Program Coordinator,

Cynthia.Davis3@va.gov, Phone: 216-791-3800 x 5519 Fax: 216-707-6403.

Provide your contact information and tutoring preferences.									
Name:									
Agency:									
Are you a Retiree	Yes	No							
Email :									
Phone number: Secondary phone number (work or cell):									
Select School: (ch	eck one) Clark	K Me	emorial	Wade Pa	ark	Willson			
Select Grade	1st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	
2nd Grade Prefere	nce 1 st	2 nd	3 rd	4 th	5th	6 th	7 th	8 th	
Select Tutor Day									
Monday Tu	iesday	Wednesda	y Thur	sday	Friday				
Select two preferred Start Times:									
Select Session (am) or (pm) Preferred Start Time:									
2. Select Session (am) or (pm)				Preferred Start Time:					
*Please note if the time selected is during the students lunch time (hours vary per school) we will contact you to select another time.									
Comments / Remarks									