

WAYLAND PUBLIC LIBRARY ~ ENGLISH FOR SPEAKERS OF OTHER LANGUAGES PROGRAM
LEARNER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home # _____ Email _____

Cell # _____ Work # _____

English-speaking contact: Name: _____ Relationship: _____

Phone (home) _____ Phone (cell) _____

Availability: Check days of the week & times of the day that are possible for you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Personal Information: (This information is safe with us; it is only to inform your tutor.)

Educational Background: _____

Languages Spoken: _____

Current Employment: _____

Previous Employment: _____

Date of Birth: _____ / _____ / _____ Sex: Female ___ Male ___

Country of Origin: _____ Date of Arrival: _____ / _____ / _____

Learner Commitment for Tutoring:

I can meet with my tutor for 1 to 1½ hours each week (virtual or in person) for ___6 months; ___1 year.

I can do homework for _____ hours per week.

I consider my English skills to be at the ___ beginner, ___ intermediate, ___ advanced level.

My comfort level with technology, such as using a computer, smart phone, the internet:

Not at all comfortable ----- Very comfortable

What are your educational goals? _____

What are your personal interests? _____

How did you learn about the Wayland Library ESOL Program? _____

Signature of Learner: _____ Date: _____

Return this form to: Wayland Library 5 Concord Rd. Wayland or email: esol@waylandlibrary.org