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.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal Information:

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 1½ hours each week for ___ 6 months; ___ 8 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? ___________________

M.J. Wright, on the staff of the library, offers a special welcome and assistance to learner applicants. Ask for her if you would like some help or some ESOL resources.

Signature of Learner: ____________________________ Date: _________________

Return this form to: ESOL Program, Wayland Library, 5 Concord Rd, Wayland, MA 01778

(Form: 2/17/16)