



Skyway Tutoring/Rites of Passage  
P.O. Box 4111  
Renton, WA 98057

### Volunteer Center Application

Name \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone (opt): \_\_\_\_\_

Tutoring Grade Preference: \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School

What do you hope to gain through your tutoring experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days Available to Volunteer: \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Both

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

References:

Non-relative: 1) \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to Skyway Tutoring Program? \_\_\_\_\_