



TUTOR APPLICATION FORM

To be completed by the tutor

Name _____ Date _____

Address _____

Telephone(s) _____ Email _____

Program(s) that the tutor is able to work with students _____

Educational History _____

Work History _____

Name and contact information of two references

** Tutor must provide a clear criminal record check if tutoring students under the age of 19*

Tutor Signature _____

Date of Application _____

Inuvialuit Education Foundation
Bag Service #21
Inuvik, NT
X0E 0T0
Phone # 867-777-7029
Fax # 867-777-4506

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