

## **Inuvialuit Education Foundation**

## **TUTOR APPLICATION FORM**

## To be completed by the tutor

Name	Date
Address	
	Email
	students
Provide a resume or complete the following:	
Educational History	
Name and contact information of two reference	es
* Tutor must provide a clear criminal record c	check if tutoring students under the age of 19
Tutor Signature	<del></del>
Date of Application	
Inuvialuit Education Foundation Bag Service #21 Inuvik, N.T.	

XOE OTO Phone #- 867-777-7029 Fax #- 867-777-4506