



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

Revised: March 9, 2012