



2010- 2011 Returning AVID Tutor Information Form

Complete the information below and e-mail to avidpos@mansfieldisd.org or fax it to Yvette Ojeda 817 453 6583:

Name: _____

Current Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

College Attending: _____

College Classification/ GPA: _____

Major: _____

Availability to Work: Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Indicate your top three site preferences by numbering them from 1-3:

____ Mansfield HS ____ Legacy HS ____ Summit HS ____ Timberview HS
____ Howard MS ____ D. Jones MS ____ Coble MS ____ Jobe MS
____ Wester MS

How many hours would you like to work each week (18 is the maximum)? _____

Are you willing to work at more than one campus to get the requested number of hours each week? _____

Office Only Use:

Campus/ Shift assigned: _____

Start Date: _____

Assigned Training Date (Refining): _____