

Rhode Island Sign Language Program

Tutor Application

Thank you for your interest in becoming a Family Sign Language Program Tutor. Please fill out the information below and send it back to us as soon as possible.

Name:

Address:

City/State/Zip:

Email address:

Phone (VP, Voice):

Cell Phone (text):

Have you worked for FSLP before? If so, when did you start working for FSLP?

Do you work for any other state, or county agency? (DMH, DMR, DPH, etc.) If yes, which one? (Information is important for our payroll department).

Have you had FSLP (or other related) training? (Please describe)

Which locations are you interested in working?

When are you available? (nights, weekends, days, etc).

If a family needs to cancel a class, how do you prefer they contact you?

The state requires all FSLP tutors pass a BCI background check. We will send you the necessary paperwork.