

Cal-SOAP Availability Sheet

Please number your preferred sites 1-5:

Date: _____

Santa Maria:

Name: _____

___ Pioneer Valley HS

Email: _____

___ Righetti HS

Phone: _____

___ Santa Maria HS

Worksite: _____

___ Delta HS.

Preferred subjects to tutor:

1 _____ 2 _____

3 _____ 4 _____

Engl/Math/Science/History

Cross out (X) the blocks of time you are **UNAVAILABLE**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-8:30 am						
8:30-9:00 am						
9:00-9:30 am						
9:30-10:00 am						
10:00-10:30 am						
10:30-11:00 am						
11:00-11:30 am						
11:30-12:00 pm						
12:00-12:30 pm						
12:30-1:00 pm						
1:00-1:30 pm						
1:30-2:00 pm						
2:00-2:30 pm						
2:30-3:00 pm						
3:00-3:30 pm						
3:30-4:00 pm						
4:00-4:30 pm						
4:30-5:00 pm						
5:00-5:30 pm						
5:30-6:00 pm						
6:00-6:30 pm						
6:30-7:00 pm						
After 7:00 pm						

I AM COMMITTED TO WORK NO MORE THAN _____ HOURS PER WEEK (max. 19)

Academic Year: _____

Term: _____