



Key Information:

Date Staff

Name

Last First Middle

Salutation **Mr.** **Mrs.** **Ms.** **Miss** **Dr.**

Address City

State Zip

Home Phone OK to call home? Yes No

Work Phone Ext. OK to call work? Yes No

Cell Phone E-mail

Special Instructions

Source: (how did you find out about Literacy Volunteers?)

Source Type **Newspaper/TV/Radio** **Relative/Friend** **Employer** **Library** **Other community agency** **Sign/billboard/phonebook**

Place of worship **Handout/mailed leaflet** **Public Relations Talk** **Other**

Specific name

Demographics:

Gender **Male** **Female** Birth date

Ethnicity **Asian** **Black** **Hispanic** **Native** **White** **Multiple** Marital Status: **Single** **Married** **Divorced** **Widowed**

Birthplace Spouse's Name

Optional: Place of Worship (for public relations purposes)

Employment:

Employed **Full-time** **Part-time** **Retired** **Not looking for work** Employer

Occupation Title

Previous Work Experience



Education:

Educational Level	<input type="checkbox"/> <12 grade	<input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> Some College	Native Language	<input type="text"/>
	<input type="checkbox"/> Undergrad. Degree	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Other		Other Languages
Degree	<input type="text"/>				

Volunteer Position Sought:

<input type="checkbox"/> Basic Literacy Tutor	<input type="checkbox"/> English for Speakers of Other Languages Tutor			
<input type="checkbox"/> Tutor Trainer	<input type="checkbox"/> Special Events volunteer	<input type="checkbox"/> Clerical assistant	<input type="checkbox"/> Computer Lab volunteer	<input type="checkbox"/> Board Member

Why do you want to be a literacy volunteer?

Previous Volunteer Experience:

Please check times you are AVAILABLE to meet:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Location Preference
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Literacy Training: (Please indicate if you have been previously trained by listing certifying organization and date; otherwise, leave blank.)

Basic Literacy Training: _____

English for Speakers of Other Languages Training: _____

Other training: _____

Re-certification: _____

Continuing ed. workshops: _____

References: (Please list name, address, phone #, and relationship of 2 non-family members.)

Occasionally we have paid part-time teaching or coordinator positions available for our experienced volunteers. Would you have future interest in such a position?