

LITERACY VOLUNTEERS APPLICATION FORM

NAME _____

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Alternative Contact Person: _____ Phone: _____

EDUCATION

Highest grade of School Completed: _____

Last School Attended: _____

If you have a degree please specify in what area: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Employment Status: _____ FULL-TIME _____ PART-TIME _____ UNEMPLOYED

OTHER INFORMATION

Date of Birth: _____ Age: _____ Sex: _____ M _____ F

Ethnicity: _____ White _____ Black _____ Other _____ Prefer not to answer

Native West Virginian: _____ Yes _____ No

Emergency Contact Person: _____

Phone: _____

GENERAL QUESTIONS

Program of Choice: _____ Basic Reading _____ ESL

How did you find out about Literacy Volunteers? _____

What is your main reason for wanting to volunteer at Literacy? _____

What times are you available for tutoring? _____

APPLICATION DATE: _____

START DATE: _____