



VOLUNTEER FORM

Full Name: _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

EDUCATION

Highest Level of School Completed: _____

Occupation: _____

What languages do you speak/write/read? _____

What times work best to meet with learners and what would you like to tutor:

TIME OF DAY		DAY OF THE WEEK		WHAT TOPIC	
Morning		Sunday		Digital Literacy	
		Monday		KAKE (GED)	
Afternoon		Tuesday		Basic Math	
		Wednesday		English as a second language	
Evening		Thursday		Basic Literacy	
		Friday			
		Saturday			

What are some of your hobbies or special interests?

What inspired you to apply to become a tutor with our organization?

How did you hear about our program? _____

This personal information is collected for the purposed of operating our literacy program