

### VOLUNTEER DATA FORM

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone \_\_\_\_\_ Other phone: \_\_\_\_\_

In case of emergency or if unable to reach me, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**DEMOGRAPHICS (for statistical purposes only)** Date of Birth: \_\_\_\_\_

Gender: Male Female List other language spoken? (not required for tutoring): \_\_\_\_\_

Ethnicity

Highest level of Education:

American Indian/Alaskan Native	Hispanic/Latino	Less than 12 <sup>th</sup>
Asian	White	High school diploma/GED
Native Hawaiian/Pacific Islander	Other	Some College
Black/African American		Undergraduate degree, type _____
		Advanced degree, type _____

Any health concerns? Yes No If yes, describe: \_\_\_\_\_

Any crime convictions? Yes No If yes, explain: \_\_\_\_\_

Referral source: (How did you hear about the CLC?)

Cable/TV	Employer	Public relations talk	Verizon Literacy
Radio	Library	Telephone book	Dollar General Referral Program
Poster	Newspaper	Other agency	Other
Brochure	Special Event	Other volunteer	
Friend/Family	Volunteer Center	Web site	

**ECONOMICS (for statistical use only)**

Employment Status: Type of Work: \_\_\_\_\_

Employed Work Hours: \_\_\_\_\_

Unemployed

Retired Employer Name: \_\_\_\_\_

Not in labor force Employer Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**PREFERENCES:** (can complete after further explained at training)

Program: 1 on1 Small conversation group Starkweather (PCCS) classroom

Type of student: Adult Basic Education English As A Second Language Either

Preferred Gender: Male Female Either

**AVAILABILITY**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9-12)							
Afternoon (12-6)							
Evening (6-9)							

Location for tutoring: Plymouth Canton Other (specify city): \_\_\_\_\_

**OTHER AREAS OF INTEREST:**

Office/clerical    Speaker's bureau    Newsletter    Event Planning  
Fund raising committee    Marketing committee    Tutor Support committee  
Program Planning committee    Board of Directors

I understand that all tutoring sponsored through the Community Literacy Council, Inc. must be held in a public location. I understand that my commitment to learning is for two hours per week for one year. I affirm by my signature below that all of the information stated above is true and accurate to the best of my knowledge.

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Print Name

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Signature

Rev. 1/07