

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

- American Indian/Alaskan Native Hispanic/Latino
 Asian White
 Native Hawaiian/Pacific Islander Other
 Black/African American

Highest level of Education:

- Less than 12th
 High school diploma/GED
 Some College
 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:

- Employed
 Unemployed
 Retired
 Not in labor force

Type of Work: _____

Work Hours: _____

Employer Name: _____

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.

Print Name

Signature

Rev. 1/07