

**VOLUNTEER APPLICATION**  
(Rev. 5/2005)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last name First Name

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Day Evening E-mail Address

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

List any special health concerns that we should be aware of: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

Gender:  Male  Female

**Education/Work History**  
(Check all that apply)

High School Diploma  GED  Some College  2 Year Degree  4 Year Degree  Advanced Degree

List any degrees or certifications that you have: \_\_\_\_\_

If you have any formal teaching experience, please list subjects, age groups and number of years: \_\_\_\_\_

List all languages, other than English that you speak fluently: \_\_\_\_\_

List your current or most recent employer: \_\_\_\_\_  
Company City, State Phone

Explain briefly why you want to become a volunteer: \_\_\_\_\_

**Preferences:**

- Male Student  Female Student  Doesn't matter  
 Adult Basic Education  English as a Second Language  Either  
 1:1 Tutoring  Leading a Small Group  Office Work  Governance  Special Events

**Availability (Check all that apply)**

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

**Location for tutoring (Check all that apply)**

Plymouth Library  Canton Library  Other: \_\_\_\_\_

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

Print Name

Signature