

Literacy Council of Jackson County

VOLUNTEER APPLICATION FORM

Return this form to:

Literacy Council of Jackson County, P.O. Box 615, Medford, OR 97501 Phone: (541) 531-0166

Name: _____ Date: _____

Address: _____ E-mail: _____

City: _____ Oregon 975 _____ Birth Date: ____ / ____ / ____

Home Phone: (____) _____ Work Phone: (____) _____ Month Day Year

Best time to call: _____ Gender: Female Male

Employed? _____ Where? _____ Retired Student

In case of emergency, please notify: _____
Name Phone Relationship

Years of Education: _____ Major: _____

Other School/Training: _____

Area or Field of Work Experience: _____

Volunteer Experience: _____

Have you been convicted of a felony? _____ Are you under current indictment for a felony? _____

Interests: _____

Languages, other than English: Read: _____ Speak: _____

Preferred Times for Tutoring: Morning Afternoon Evening Do you drive? _____

Preferred Days for Tutoring:
 Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

- I Prefer to Tutor:**
- English as a Second Language (ESL)
 - Grammar/Writing/Spelling
 - Reading for English Speakers
 - Mathematics (Basics)
 - Computer (Basics)

- I would Like to Volunteer in an Administrative Position as:**
- Computer Records Keeper
 - Publicity/Fundraising Assistant
 - Special Events Assistant
 - Board Member
 - Advisory Board Member
 - Other: _____

- How did you find out about this program?**
- Friend/Family
 - Employer
 - TV/Radio
 - Newspaper
 - Library
 - Church
 - Other: _____

- I Prefer to Tutor:**
- One to One (LC)
 - Small Groups or Classroom (RCC)

References:

1. _____

2. _____

3. _____

We reserve the right to select those prospective volunteers whom we believe can be the most effective.

For Office Use Only:

Training Date: ____ / ____ / ____ Matched Date: ____ / ____ / ____

Student: _____ Phone: _____

Student Beginning Level: _____ ABE ESL

Meeting Locations: _____ Days/Times: _____

Program: Literacy Council RCC