



LITERACY VOLUNTEERS OF CHEMUNG AND SCHUYLER COUNTIES

Volunteer Intake/Application Form

NAME: _____ Male Female DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

EMPLOYER (if applicable): _____ WORK PHONE: _____

NOTES: _____

Interested in tutoring for: Basic Literacy ESL

Tutor/Learner Matching

Matched (Date): _____ Rematched (Date): _____ Rematched (Date): _____

With: _____ With: _____ With: _____

First Session: _____ First Session: _____ First Session: _____

Last Session: _____ Last Session: _____ Last Session: _____

Reason: _____ Reason: _____ Reason: _____

Volunteer Opportunities with LVCS

LVCS is always looking for volunteers in other capacities than tutoring. Please check the areas below in which you have experience and interest.

General Office Advisory Committee Fund Raising Public Relations/Newsletter Special Events

NOTES: _____

Do you know anyone else who would be interested in the Literacy Volunteer Program? YES NO

The following information will help LVCS match you with a learner or place you in a volunteer position:

A. Employment Experience:

B. Other Volunteer Experience:

C. Special Interests/Hobbies:

D. Dates/Times Available for Volunteering: _____

E. Locations available to volunteer (check all that apply):

Elmira Horseheads Big Flats Odessa Watkins Glen Montour Falls

F. Learner Preference: NONE Gender: MALE FEMALE Age: 18-24 25-44 45-59 60+

D. Have you ever been convicted of a criminal offense? YES NO

If yes, please explain: _____





E. Is there any fact or circumstance involving you or your background that would call into question your ability to serve as a volunteer?

YES NO If yes, please explain: _____

ADDITIONAL INFORMATION:

The following information is requested by ProLiteracy America for annual statistical reports. Every volunteer in the national network is asked to provide the same data. LVCSC will not divulge statistics about individual volunteers unless authorized to do so through a signed release form.

REFERRAL SOURCE:

- EMPLOYER
- FRIEND/FAMILY
- LIBRARY
- NEWSPAPER
- OTHER LITERACY ORG
- POSTER/BROCHURE
- PR/TALK
- SPECIAL EVENT
- RADIO STATION
- TV STATION
- OTHER (SPECIFY BELOW)
- VOLUNTEER CENTER
- TELEPHONE BOOK
- WEBSITE
- OTHER VOLUNTEER

ETHNICITY:

- AMERICAN INDIAN/
ALASKAN NATIVE
- ASIAN
- BLACK/AFRICAN
AMERICAN
- HISPANIC/LATINO
- NATIVE HAWAIIAN/
PACIFIC ISLANDER
- WHITE
- OTHER

EMPLOYMENT STATUS:

- FULL TIME
- PART TIME
- UNEMPLOYED/SEEKING
- NOT IN LABOR MARKET
- RETIRED
- DISABLED

EDUCATION:

- H.S. DIPLOMA/G.E.D.
- SOME COLLEGE
- B.A./B.S.
- GRADUATE DEGREE

References

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone (H): _____	Phone (H): _____	Phone (H): _____
Phone (W): _____	Phone (W): _____	Phone (W): _____

I understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless LVCSC, ProLiteracy America, the Economic Opportunity Program and the officers, employees and volunteers thereof. In signing this application, I have read the attached information. I agree to be guided and adhere to the policies and procedures of LVCSC and ProLiteracy America. I affirm that the information I have given on this form is true and correct.

If my volunteer assignment is tutoring, I agree to tutor a learner for LVCSC for at least one year, understanding that this commitment is important for the learner and the affiliate. I will not use the tutor training for personal financial gain without satisfying this commitment.

I understand that LVCSC accepts employees, volunteers and learners without discrimination on the basis of gender, age, race, color, national origin, disability, political beliefs, religion, veteran status, sexual preference, or marital or familial status. I also understand that the literacy tutoring sessions are free, confidential, learner-centered and utilize trained volunteers as tutors. I acknowledge that I have been informed of my rights and responsibilities, and any volunteer opportunities available to me.

SIGNATURE OF APPLICANT: _____

DATE: _____

