

THE LITERACY CENTER  
VOLUNTEER INFORMATION SHEET

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

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

Name: \_\_\_\_\_  
*First Last*

Email \_\_\_\_\_

Address: \_\_\_\_\_  
*City State Zip*

Location: (Eastside, Northside, etc.) \_\_\_\_\_

You are not required to complete this information; however, we may find it helpful in matching tutors with students.

Marital Status:

Single  Married *Name of Spouse:* \_\_\_\_\_  Other

Race:

Black  White  Hispanic  Asian  Other

**Date of Birth:** \_\_\_\_\_

*Month, Day (Year is optional)*

**Phone #'s:** Home \_\_\_\_\_ Cellular \_\_\_\_\_ Work \_\_\_\_\_

May we call you at work? Yes

Best Time: \_\_\_\_\_ No

Best time to call at home? Morning \_\_\_\_\_

Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Position: \_\_\_\_\_

Work experience (if retired): \_\_\_\_\_

Education:  College  Some College  High School  Other

**Teaching Experience:**

Elementary  Secondary  College  Business  Special Ed

ESL  Reading  Math  Other

**Other volunteer work:**

**Special interests and/ or hobbies:**

**THE LITERACY CENTER  
VOLUNTEER INFORMATION SHEET**

Volunteers perform many different jobs in our organization. Please check any area(s) you may be interested in now or later.

- |                     |                          |                    |                          |
|---------------------|--------------------------|--------------------|--------------------------|
| Tutoring            | <input type="checkbox"/> | Student Evaluation | <input type="checkbox"/> |
| Newsletter          | <input type="checkbox"/> | Speaker's Bureau   | <input type="checkbox"/> |
| Scrabble Tournament | <input type="checkbox"/> | Fundraising        | <input type="checkbox"/> |
| Office Volunteer    | <input type="checkbox"/> | Board of Directors | <input type="checkbox"/> |
| Annual Celebration  | <input type="checkbox"/> | Marketing          | <input type="checkbox"/> |
| Website             | <input type="checkbox"/> | Literacy Lab       | <input type="checkbox"/> |

Please let us know how you heard about The Literacy Center, and why you decided to volunteer with us.

---

---

---

What areas would you like to serve?

- Please check all that apply*
- Vanderburgh
- Posey
- Warrick

*Complete below if interested in tutoring.*

---

***Student Preference***

*No Preference*

*Age* \_\_\_\_\_

*Male*  *Female*

*Beginner*  *Intermediate*  *Advanced*

*Do you have a preferred tutoring site in mind? (if not we have plenty of options!)*

---

---

*When is your available time for tutoring?*

---

---