

Volunteer Application

Date:

Background

Name:

Mailing address:

City:

State:

Zip Code:

Phone:

Alternate Phone:

Email:

Preferred Communication: *(Please circle)*

Phone Cell Phone Email

Education Level: *(Please circle)* H.S. Diploma Some College Bachelor's Degree Master's or Above

Current employer:

Are You: *(Please Circle)*

High School Student

Employed Full-Time

Homemaker

Other _____

College Student

Employed Part-Time

Retired

Previous volunteer experience:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The questions below are designed to match volunteers and tutors.

Male Female *(Please circle)*

Birthdate (Month/Day):

Native Language:

Other Languages:

Please initial if we can use your photo in our marketing materials.

Initials:

Program Interests

Please read the program descriptions in the volunteer manual and circle all of the areas of interest to you.

Early Literacy Program (Birth-K)

Children's Program (K-5th Grade)

Youth Program (6th-12th Grade)

Marketing

Administrative

Volunteer Recruiter

Please summarize special skills and qualifications.

Why do you want to volunteer?

What skills would you like to share that could benefit Teton Literacy Center?

How did you hear about volunteering with Teton Literacy Center? *(Please circle)*

Friend _____ Family _____ Newspaper TLC Website
TLC Newsletter Radio ListServe Email Other *(Please specify)* _____

How would you like to be recognized as a volunteer? *(Please circle at least one)*

On our website At a party with other volunteers
With a personal letter from students or staff Other *(Please specify)* _____

Availability

Start Date: Hours per week:

Days: M T W Th F *(Please circle)* Times:

Please advise of upcoming vacations and events that will interrupt your schedule.

Are you available to occasionally be a substitute in addition to your regular tutoring session? Yes No

Are you willing to volunteer on the day of an event (like Laps for Literacy)? Yes No

References: please list two local, non-family members

Name	Email Address	Phone

Have you ever been convicted of a felony in the US? *(Please circle)* Yes No

If Yes, please explain.

Emergency Contact

Name:

Physical address:

Phone: Email:

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of applicant: Date:

Contacted:

Assigned:

Notes: