



Family Literacy Center

Volunteer Application Packet

Please Fill out form completely to the best of your ability

General Information

Legal First Name: _____ M.I. _____ Last Name: _____

Birth Date: _____ Gender: _____ Preferred Name: _____

Address: _____ City: _____ State: MI ZIP: _____

Cell Phone: _____ Alt Phone: _____

Email: _____

Marital Status (Circle One) : Single Married Divorced Widowed/Widower

Spouse's Name (If applies) : _____

Highest Level of Education: _____ Program of Study: _____

Employment Status (Circle One): Employed Full-time Employer Part-time Unemployed Retired

Occupation (Current or Most recent) : _____

Employer: _____

Experience: Please note that FLC provides training for all our volunteers and tutors.

Do you have other volunteer experience (circle One): Yes No

If yes, please describe: _____

How did you hear about the Family Literacy Center: _____

What volunteer position(s) are you interested in? (Check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Child Tutor: 1 st – 4 th grade | <input type="checkbox"/> English as a Second Language (ESL) |
| <input type="checkbox"/> Family Programs: Ages 0 to 5 | <input type="checkbox"/> Website & Social Media | <input type="checkbox"/> Clean the Office |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Request donations | <input type="checkbox"/> Help in the office |
| <input type="checkbox"/> Building Maintenance & Repair | <input type="checkbox"/> Database Entry | <input type="checkbox"/> Events |
| <input type="checkbox"/> IT Computers Help | <input type="checkbox"/> Gardening/Weed Flower Beds | <input type="checkbox"/> Provide food & drinks for meetings |
| <input type="checkbox"/> Taking photos/videos at events | <input type="checkbox"/> Information Tables | <input type="checkbox"/> Other: |

What interests you in being a volunteer/tutor? _____

What special interests, hobbies, or skills do you have? _____

May we publish your name or pictures of you as a volunteer of the Family Literacy Center? Yes No

Personal References: We check references. Please provide the names and contact information of two people that are not family members, who can supply personal reference information for you as a potential volunteer/tutor.

1) Name: _____ Relationship: _____ Years known: _____

Address: _____

Email: _____

2) Name: _____ Relationship: _____ Years known: _____

Address: _____

Email: _____

Volunteer Availability and Preferences:

Please let us know what days you are available: Monday Tuesday Wednesday Thursday Friday

I would prefer to tutor Children in Group Tutoring Adults in 1-to-1 Tutoring Anyone/No Preference

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Volunteer and Background Check Agreement:

I acknowledge and agree that all information provided is complete and correct to the best of my ability. I am aware and agree that the information collected is for the purpose that Family Literacy Center may run additional background checks on me before I start volunteering/tutoring at Family Literacy Center. I am aware that all information collected is kept confidential and will only be discussed with authorized Family Literacy Center personnel.

Signature & Date