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)*

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

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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

** Please include a copy of your State ID or Drivers License.