

**WALWORTH COUNTY LITERACY COUNCIL
VOLUNTEER APPLICATION**

First Name _____ Middle _____ Last _____

Address History (for previous 7 years)

Current Address _____

Date Applicant (has) Lived at Address From Month _____ From Year _____

Address _____

Date Applicant (has) lived at Address from Month _____ Year _____ to month _____ year _____

Cell Phone _____ Do you text? Yes _____ No _____

Home Phone _____ Email Address _____

Date of birth _____ Gender: Male _____ Female _____ Other _____

Ethnicity/Race

- White/Caucasian
- Hispanic/Latino
- Black/African American
- Southeast Asian
- Native American/Native Indian
- Multi-racial
- Other

Do you require any accommodations? Yes _____ No _____

(If yes, please specify) _____

Education (Emphasis of study & highest level achieved)

High School _____ Bachelor's Degree _____ Master's/Other _____

Experience/Special Skills/Qualifications (work or volunteer)

Languages

List all languages that you speak and your level of proficiency.

*Please note that to be a tutor it is **not** necessary to speak any other language than English.

Please check (ALL) areas in which you may be interested in volunteering with the Literacy Council.

- Tutoring ESL (English as a Second Language)
 - Tutoring ABE (Adult Basic Education) ___ Reading ___ Writing ___ Math
 - Tutoring GED (General Education Degree) ___ Reading ___ Writing ___ Math
 - Tutoring Citizenship/Civics
 - Tutoring Jail Program (Walworth County Jail)
 - Administrative Assistance
 - Fundraising/Event Planning
 - Marketing/Public Relations
 - IT/Social Media Communication
 - Translation/Interpreting
 - Board of Directors
 - Other _____
-

Preferred Tutoring Time

Please note availability below, leave blank any day you are not available.

Monday	Hours _____	Thursday	Hours _____
Tuesday	_____	Friday	_____
Wednesday	_____	Weekend	_____

Preferred Tutoring Location

Tutors meet in public locations with their students – typically at public libraries throughout Walworth County. Please check all locations you would be comfortable traveling to for tutoring:

- Delavan
- Sharon
- Darien
- Williams Bay
- Fontana
- Walworth
- Elkhorn
- Lake Geneva
- Genoa City
- East Troy

Check here if you have no strong preference, and you are open to tutoring where there is the biggest need _____

Do you have access to reliable transportation? Yes _____ No _____

How did you learn about the Literacy Council? _____

Person to Notify in Case of Emergency

Name _____ Phone Number _____ Relationship _____

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 immediate dismissal.

Name (printed) _____

Signature _____

Date _____

(For Office Use Only)

TUTOR ASSIGNMENT

STUDENT: _____ START DATE: _____ END DATE: _____
REASON/NOTES:

STUDENT: _____ START DATE: _____ END DATE: _____
REASON/NOTES:

STUDENT: _____ START DATE: _____ END DATE: _____
REASON/NOTES:

Additional notes.