

Orientation Facilitator: _____

Date: ____/____/____

**Literacy Volunteer Program of South Georgia
Volunteer Intake**

Part I. Contact

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
Street	apt #	
City: _____	State: _____	County: _____ Zip Code: _____
Home Phone: (____) _____		Cell: (____) _____
E-mail Address: _____		

Part II. Volunteer Profile

1. Date of Birth: ____/____/____
2. Gender: Male Female
3. Marital Status: Single Married Divorced Widowed
4. Highest Education Completed: Diploma GED College (years): 1 2 3 4 Degree Graduate Degree
University attended: _____
Degree(s) acquired: _____
5. Employed: Full time Part time Not employed Retired self-employed
 Seeking employment Other: _____

Part III. References

Please provide 2 references; 1 professional and 1 personal. Please do not list relatives.

1. *Professional Reference*: Relationship to the reference: _____
Name: _____ Phone: (____) _____ e-mail: _____
2. *Personal Reference*: Relationship to the reference: _____
Name: _____ Phone: (____) _____ e-mail: _____

Part IV. Availability

1. How far are you able to travel for your volunteer work? _____
2. How many hours are you available for volunteer work? _____
3. Days of the week you are available: please check all that apply
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
4. Times of the day: _____

Orientation Facilitator: _____

Date: ____/____/____

5. How did you hear about LVP? _____

Part V. Personal Interests

1. Please select which types of volunteer activities you would like to participate in

- | | | |
|---|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Admin/Office | <input type="checkbox"/> Training Support |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Technical Support | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Speaker Bureau | <input type="checkbox"/> Special Events | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Sunshine Committee |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Other: _____ | |

2. Tutor Preference: Check all that apply

I would like to tutor: one student at a time a small group both

Student gender preference: Male student Female student no preference

I would like to be a tutor in: ESOL Basic Literacy Family Literacy Workplace Literacy

4. Why are you interested in volunteering for Literacy Volunteers Program of South Georgia?

5. List some skills/education/experience that you think would benefit your volunteer work.

OFFICE USE ONLY

Volunteer Training:

ESOL	Beginning Date: _____	Completion Date: _____
Basic Literacy	Beginning Date: _____	Completion Date: _____
Family Literacy	Beginning Date: _____	Completion Date: _____
Workplace Literacy	Beginning Date: _____	Completion Date: _____
In Service Literacy	Beginning Date: _____	Completion Date: _____