



LVVS.ORG

LITERACY VOLUNTEERS VALLEY SHORE CT, INC.

Student Application

Date:
Name:
Street Address:
City, State, Zip:
Home Phone:
Mobile Phone:
Email Address:
Date of Birth (MM/DD/YYYY):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____
Birth Country:
Length of Time in United States:
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:
Number of years studying English:
Highest level of education:
Able to speak English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to read English <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Work <input type="checkbox"/> Retired
Do you drive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Suggest Tutoring Location:
Available: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekends <input type="checkbox"/> Times _____
Occupation:
Employer Name:
Work Address:
Employer Phone Number:
How did you learn about LVVS? <input type="checkbox"/> TV/Radio <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Employer <input type="checkbox"/> Library <input type="checkbox"/> Special Event <input type="checkbox"/> Other Agency <input type="checkbox"/> Poster <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> Another Student <input type="checkbox"/> Other _____
Are you able to attend regularly scheduled tutoring sessions for a full year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of an Alternative Contact:
Contact's Phone Number:
Contact's Email Address:

Thank you for your interest in Literacy Volunteers Valley Shore. We'll respond to your application as quickly as we can to schedule an interview. Please use the next page if you need to add information.

