



LVVS.ORG

LITERACY VOLUNTEERS VALLEY SHORE CT, INC.

Volunteer Application

Date:
Name:
Street Address:
City, State, Zip:
Home Phone:
Mobile Phone:
Email Address:
Date of Birth (MM/DD/YYYY):
Employment Status (Full-Time, Part-Time, Retired):
Employer Name:
Work Address:
Employer Phone Number:
Occupation (former occupation if retired):
Education:
Were you born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, in what country were you born?
Do you have prior volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Organizations in which you're active:
Teaching/Tutoring Experience (if any):
Hobbies and Interests:
Interest in LVVS (check one): <input type="checkbox"/> Tutor <input type="checkbox"/> Volunteer <input type="checkbox"/> Board Member
If your interest is tutoring, do you prefer: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
How did you learn about LVVS?
What interests you about LVVS?
Are you willing to serve on a volunteer committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is volunteer work a requirement for school or job credit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to commit to tutoring two hours a week for a full year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, at what level? <input type="checkbox"/> No English <input type="checkbox"/> Low Beginner <input type="checkbox"/> High Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

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.