



# Brunner Literacy Center

*Literacy changes lives*

## Volunteer Application

Contact Information			
First Name	Last Name	Phone #1	Phone #2
Street Address	City, State, ZIP Code	Email Address	
Emergency Contact (Name)		Relationship	Phone #
Education			
High School (Name)		City, State	Year of Graduation
College/University #1 (Name)	Degree, Subject	City, State	Year of Graduation
College/University #2 (Name)	Degree, Subject	City, State	Year of Graduation
Volunteer Experience (Most Recent)			
Organization	Volunteer Role	Length of Service	
Organization	Volunteer Role	Length of Service	
Employment History (Most Recent)			Are you currently working?
			<input type="radio"/> Yes
			<input type="radio"/> No
Organization/Company	Title	Location	Duration
Organization/Company	Title	Location	Duration

**References (Please list at least 2 personal or professional references who are not family members.)**

First Name	Last Name	Phone #	Relationship
First Name	Last Name	Phone #	Relationship
First Name	Last Name	Phone #	Relationship

**Interest, Location, Subject, and Availability (Select all that apply.)**

Interest	Location	Subject (Answer only if interested in tutoring)	Availability (Indicate available times, e.g. "10 a.m.—2 p.m.")
<input type="checkbox"/> Tutoring	<input type="checkbox"/> 4825 Salem Ave	<input type="checkbox"/> Reading (Grades K-6)	Mondays :
<input type="checkbox"/> Reception		<input type="checkbox"/> Reading (Grades 7-12)	Tuesdays :
<input type="checkbox"/> Clerical work	<input type="checkbox"/> 1901 S. Gettysburg Ave (Note: This BLC site is at a corrections institution.)	<input type="checkbox"/> Math (Grades K-6)	Wednesdays :
<input type="checkbox"/> Fundraising		<input type="checkbox"/> Math (Grades 7-12)	Thursdays :
<input type="checkbox"/> GED Test Proctoring	<input type="checkbox"/> Off-site (Public locations)	<input type="checkbox"/> English as a Second Language	Fridays:
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	Saturdays: Sundays:

**Language(s) Spoken**      **Skills (Please list any additional experiences and/or skills you'd like us to know.)**


**Background Check**

(All applicants must undergo a background check. A conviction record will not necessarily disqualify an applicant.)

Have you ever been convicted of a crime other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered yes, please describe the dates and circumstances of all convictions and any rehabilitation.


**Signature** (By signing below you certify that all information is true and given voluntarily, and you grant permission for the Brunner Literacy Center to run a background check.)

**Date**

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**Open-Ended Questions**

Help us get to know you! There are no wrong answers.

**1. What attracted you to volunteer with the Brunner Literacy Center, and what do you hope to get out of your experience?**

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**2. How would you teach someone to make a peanut butter and jelly sandwich?**

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**3. Select and answer one of these questions:**

- Describe a time that you weren't pleased with your performance and what you did about it.
- Describe a time you worked with others to develop new and creative ideas to solve problems. What was your role?

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**4. Select and answer one of these questions:**

- What is something you have changed your mind about in the last three years?
- What matters to you, and why?

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