

Volunteer Application

Today's Date: _____

Contact Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name / Nickname / Pronunciation Notes: _____

Primary Phone #: _____ Phone Type: Home Mobile Work

Secondary Phone #: _____ Phone Type: Home Mobile Work

Email Address: _____

Address / Transportation

Street Address: _____

City: _____ State: _____ ZIP: _____

Mode(s) of transportation: Car Bus Other: _____

Emergency Contacts

C1 - Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

C2 - Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Education History (List school name, city and state, and year of graduation.)

High School: _____

College/University #1: _____ Degree: _____

College/University #2: _____ Degree: _____

Volunteer Experience (List organization, role, and length of service.)

#1: _____

#2: _____

Employment History (List organization/company, title, and dates of most recent employment.)

#1: _____

#2: _____

#3: _____

Health Information (Health information is not used to determine eligibility.)

Check any/all health issues that may affect your ability to volunteer:

- Anxiety Blood Pressure/Heart Depression Diabetes
 Hearing Seizures Vision Other: _____

Medication: Yes No Medication Notes: _____

Demographic Information (Demographic information is not used to determine eligibility.)

Gender: M F Ethnicity: Hispanic Not Hispanic
 Race: African-American or Black American Indian Asian Pacific Islander White
 Two or more (multi-racial)
 Country of Origin: _____ Primary Language: _____
 Additional Languages: _____

References (Family members cannot provide references.)

#1 - Name: _____ Relationship: _____
 Phone #: _____ Email: _____
#2 - Name: _____ Relationship: _____
 Phone #: _____ Email: _____
#3 - Name: _____ Relationship: _____
 Phone #: _____ Email: _____

Matching Information (Check any/all that apply.)

Interest(s): Tutoring Reception Clerical/data work Fundraising
 Special events GED Test Proctoring (Monday mornings) Other: _____
 Site(s): Salem Avenue (4825 Salem Ave) Day Reporting Center (1901 S. Gettysburg Ave) Off-site (Public locations)
 Subject(s): ESOL LA/Reading Math Science Social Studies
 (if tutoring) Continuing Education; specify: _____
 Other; specify: _____

Skill Levels (Indicate Language Arts [LA], Math [M], or ESOL [E] on the lines):

- Non-reader _____ Skill Dev 1 (K-3) _____ Skill Dev 2 (4-6) _____
 Skill Dev 3 (7-9) _____ GED Prep (10-12) _____ College/Professional _____

Best days for tutoring (Write times on the lines, e.g. 10:00-12:00):

- Mon _____ Tues _____ Wed _____ Thur _____
 Weekend; specify: _____

Additional skills: _____

Open-Ended Questions

Help us get to know you better. There are no wrong answers to these questions.

#1 – Why do you want to volunteer with the Brunner Literacy Center, and what do you hope to get out of your experience?

#2 – How would you teach someone to make a peanut butter and jelly sandwich?

#3 – Either describe a time you weren't pleased with your performance, or describe a time you worked with others to develop new and creative ideas to solve a problem.

#4 – Either describe something you have changed your mind about in recent years, or describe something that matters to you and why.

Please continue to page 4 to give the BLC permission to perform a background check.

Background Check

For the safety of our students, volunteers, and staff, all volunteers must undergo a background check. A conviction record will not necessarily disqualify an applicant. Results of the background check are confidential.

Middle Name: _____ Former Last Name (if applicable): _____

Date of Birth: _____ Social Security Number: _____

By signing below you certify that all information is true and voluntarily given, and you give permission for the Brunner Literacy Center to perform a background check.

Signature: _____ Date: _____

Office Use Only

Date of Background Check: _____

Passed? Yes No

Notes:

Staff Signature: _____ Date: _____