



Volunteer Application

Note: Demographic information is for recording purposes only. All personal information is kept strictly confidential.

PERSONAL INFORMATION			
Name (Last, First, Middle):			Date:
Street Address:			
City:	State:	Zip:	E-mail:
Phone Numbers: Home:		Work: ext.	Cell:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other			
EDUCATION, CERTIFICATIONS, AND WORK EXPERIENCE			
Highest Degree Obtained: <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> College <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
Certifications: <input type="checkbox"/> Teaching Certification <input type="checkbox"/> Other:			
Current Occupation:		Current Title:	
Current Employer:		My employer reimburses me for volunteer time: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Please briefly describe your work experience and skills:			
VOLUNTEER EXPERIENCES AND INTERESTS			
Why do you want to volunteer with Chatham Literacy?			
Do you have prior literacy tutoring experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details (where, level-grade, GED, ESOL, organization, etc.):			
Do you have teaching experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details (where, grade level, subject, etc.):			
Please briefly describe other volunteer experiences and community affiliations:			
Please list any hobbies, skills, or other interests you have:			

Please note any spoken or written languages you have other than English:

PERMISSIONS AND AVAILABILITY

How do you want to get involved at Chatham Literacy? (Please check all that apply.)

<input type="checkbox"/> Tutor someone learning English	<input type="checkbox"/> Assist with tutor training workshops
<input type="checkbox"/> Tutor someone working towards US citizenship	<input type="checkbox"/> Serve on the board
<input type="checkbox"/> Tutor someone in GED preparation	<input type="checkbox"/> Serve on a board committee
<input type="checkbox"/> Tutor someone in workforce soft skills	<input type="checkbox"/> Serve at one-time, special events
<input type="checkbox"/> Interpret and/or translate English and Spanish	<input type="checkbox"/> Do office/clerical work
<input type="checkbox"/> Be a substitute tutor	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Assist with laptop training	<input type="checkbox"/> Be a proctor to help with reading assessments

I freely give permission to the Chatham County Literacy Council and grant providers to use my photo in marketing and/or grant-related materials. Yes No

I am available to tutor at the following times: (Please check all that apply.)

Mon	Tues	Wed	Thur	Fri	Sat	Sun
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm	<input type="checkbox"/> after 6pm
<input type="checkbox"/> open	<input type="checkbox"/> open	<input type="checkbox"/> open	<input type="checkbox"/> open	<input type="checkbox"/> open	<input type="checkbox"/> open	<input type="checkbox"/> open

I can tutor in the following locations. (Please check all that apply.)

Pittsboro Siler City Moncure Bonlee N.E. Chatham

My schedule may vary. Please call me regarding scheduling. Yes No

How did you find out about Chatham Literacy?

DISCLOSURES

By signing below, I affirm that the answers provided on this application are true. I understand that intentional falsification of this application may prevent my involvement Chatham Literacy. A background check is required if you want to become a tutor (see next page).

Signature: _____ Date: _____
 (Electronic Signatures Accepted)

Please return forms by:

Email to: admin@chathamliteracy.org,

Mail to: Chatham Literacy; PO Box 1696; Pittsboro, NC 27312,

In person at: the Chatham Literacy Office, 606 East Third Street, Siler City, NC 27344



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Background Check Information

Chatham County has exciting plans for development that will bring many new people and businesses to the area. We at Chatham Literacy anticipate this will also increase the need for the services we provide. In preparation, we have looked at other state and county literacy programs, as well as talked with ProLiteracy, an umbrella organization providing support for all facets of literacy. We are working to incorporate best practices from those organizations. One of those practices we have adopted is background checks for staff and tutors.

We ask that you authorize our ability to conduct a background check and to write a check to Chatham Literacy for \$18.50 to cover the cost.

This page of personal information will be separated from your application and stored securely in a locked filing cabinet in the Executive Director's office.

We are excited about the future of Chatham Literacy and want to thank you for everything you do for the organization and your future adult learners and for helping us to embrace this best practice.

Applicant's **Legal** Name (printed):

(First) (Middle) (Last)

Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____

Applicant's Address: _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing Chatham Literacy my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this organization.

Print Name: _____ Date: ____/____/____

Signature: _____