



Volunteer Application

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

Please complete this form accurately. Providing inaccurate information is grounds for termination of a volunteer relationship with Chatham Literacy.

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:			



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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"/> Serve on the board |
| <input type="checkbox"/> Tutor someone working towards US citizenship | <input type="checkbox"/> Serve on a board committee |
| <input type="checkbox"/> Tutor someone in GED preparation | <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"/> Assist with tutor training workshops | <input type="checkbox"/> Quality management |
| <input type="checkbox"/> Recruit volunteers | <input type="checkbox"/> Fundraising |

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

Have you been convicted of a criminal offense other than a traffic violation in the last 5 years?
 Yes No

If you answered yes, please explain:

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 with the Chatham County Literacy Council.

Printed Name (Last, First, Middle): _____ Date: _____

Signature (Electronic Signatures Accepted): _____

Please return forms via email to admin@chathamliteracy.org or by mail to Chatham Literacy; PO Box 1696; Pittsboro, NC 27312.