



Literacy Door County, Inc.

VOLUNTEER FORM

PLEASE PRINT

NAME _____ COVID VAC Yes ___ No ___

ADDRESS _____

How do you prefer to be contacted

HOME PHONE _____ CELL PHONE _____ TEXT Yes ___ No ___

EMAIL ADDRESS _____ WHATSAPP _____

NATIVE LANGUAGE(S) _____ OTHER LANGUAGE(S) _____

TUTORING QUESTIONS

PREFERRED TIMES FOR TUTORING
_____ MORNING (8 TO NOON) _____ AFTERNOON (NOON TO 5) _____ EVENING (5 TO 9)

PREFERRED DAYS FOR TUTORING ___ SUN ___ MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT

ARE YOU WILLING TO COMMIT TO TUTORING FOR AT LEAST SIX MONTHS? _____ Yes _____ No

TUTOR (ABE) ADULT BASIC EDUCATION ___ ELL (ENGLISH LANGUAGE LEARNERS) ___ NO PREFERENCE _____

DO YOU HAVE ACCESS TO A CAR? _____ Yes _____ No

STUDENT PREFERENCE _____ MALE _____ FEMALE _____ NO PREFERENCE

TUTORING LOCATION PREFERENCE
_____ SOUTHERN DOOR _____ STURGEON BAY _____ OTHER _____

ORGANIZATION QUESTIONS

DO YOU HAVE EXPERIENCE AND/OR INTEREST IN ANY OF THESE AREAS?

- | | |
|---------------------------------|-------------------------------------|
| _____ BOARD OF DIRECTORS | _____ PROGRAM DEVELOPMENT |
| _____ COMPUTER PROJECTS | _____ PUBLIC SPEAKING |
| _____ CURRICULUM DEVELOPMENT | _____ STUDENT INTAKE/ASSESSMENT |
| _____ FINANCIAL/HEALTH LITERACY | _____ TRANSLATION |
| _____ MKTG. ADVG, FUND RAISING | _____ TUTOR TRAINING/MENTOR/SUPPORT |

SIGNATURE _____

DATE _____

OFFICE USE ONLY:

PAID \$ _____

COMPUTER LIST _____ GMAIL LIST _____