

**Literacy Volunteers of Bastrop**  
**VOLUNTEER APPLICATION FORM**

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact/ time of day \_\_\_\_\_

Person to Contact in Case Of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Employment Status/Occupation**

- Employed
- Retired
- Student
- Other

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Business phone: \_\_\_\_\_ May we contact you at work? Yes  No

**Volunteer Experience**

Are you presently a volunteer? Yes  No

If yes, where: \_\_\_\_\_ Position: \_\_\_\_\_

Have you had a previous experience as a volunteer? Yes  No

If so, list organizations and type of work \_\_\_\_\_

**Volunteer Opportunities** (please check any area of interest)

\_\_\_ Administrative

\_\_\_ Maintenance

\_\_\_ Fundraising

\_\_\_ Community Outreach

\_\_\_ **Tutoring**

\_\_\_ Other: \_\_\_\_\_

**Education/Skills**

- High School Graduate
- Some College
- College Graduate

Do you speak languages other than English? (Please specify) \_\_\_\_\_

Do you have other skills or resources to bring to the center?

\_\_\_\_\_  
\_\_\_\_\_

**Availability**

How many hours are you willing to volunteer per week \_\_\_\_\_ OR per month \_\_\_\_\_

What days are you available?

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Are you available?

Mornings     Afternoons     Evenings     Weekdays     Weekends

**Volunteer Goals**

Why are you interested in volunteering with Literacy Volunteers of Bastrop?

\_\_\_\_\_  
\_\_\_\_\_

How would your skills, hobbies/interest, training or past volunteer/life experiences benefit Literacy Volunteers of Bastrop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list two individuals who can be contacted to provide references:

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

What type of reference:            **Work**            **Personal**

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

What type of reference:            **Work**            **Personal**

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Literacy Volunteers of Bastrop that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Literacy Volunteers of Bastrop. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Literacy Volunteers of Bastrop or my termination as a volunteer.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

## Literacy Volunteer's of Bastrop

### Volunteer/Staff Confidentiality Agreement

Literacy Volunteer's of Bastrop is committed to the safety and welfare of its students, staff, and volunteers. Please read this statement carefully as you will be asked to sign it at the beginning of your volunteer service/employment and update it annually as long as you volunteer with Literacy Volunteer's of Bastrop.

Confidentiality is defined as the assurance that access to information regarding any student, staff, or volunteer shall be strictly controlled, and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- Communications, information and observations made by and between or about students, staff, volunteers, and board members
- Addresses of employment, residence, and family addresses and phone numbers of students, staff, volunteers, and board members
- Names of students, staff, and volunteers unless written permission is provided by the individual and approved by the President of the Board of Directors
- Photographs taken of students, staff, or volunteers unless a written release is attached.

Staff and volunteers must never release confidential information in any form about Literacy Volunteers of Bastrop and its students without the express permission of the President of the Board of Directors or his/her designee, or a designated staff member. This includes release of information to board members, family members, community supporters, or other interested parties.

I have read Literacy Volunteers of Bastrop Confidentiality Agreement and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me as I serve as a volunteer and continue to be binding on me when I leave Literacy Volunteers of Bastrop, and that a violation may be grounds for immediate termination of volunteer or employment status and possible civil liability.

Volunteer/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

