

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?
