



Volunteer *Tutor Application*

Triangle South Literacy Works

600 South Magnolia Avenue
Dunn, NC 28334

www.tslitworks.org

Phone: 910.891.4111 Fax: 910.892.8775
director@tslitworks.org

Application Date: _____
(MM/DD/YYYY)

DOB: _____
(MM/DD/YYYY)

Name: _____
First Name
Middle Initial
Last Name

Address: _____ NC
Number and Street
City
County
Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Newsletter? (emailed quarterly) Yes No

Emergency Contact Name: _____ Phone #: _____

Employment Status: Full Part Retired Unemployed Employer: _____

Ethnicity: Asian Black Hispanic Native American White Gender: Male Female

How did you hear about our program? Flyer Library Radio TV Newspaper Internet
 HCL Event Family Friend Staff Student Other _____

Days	Times Available	Days	Times Available	Days	Times Available
Monday		Wednesday		Friday	
Tuesday		Thursday		Saturday	

Special Skills or Interests	Area or Field of Work Experience

Languages, other than English, that you speak read write _____ Fluent? Yes No

Education: (circle highest level completed) High School GED Some College Associate Bachelors Masters PhD

Teaching Professionals:	Education Degree	College or University	Certification Year

Previous Experience: Teaching: #____ years Tutoring: #____ years Volunteering: #____ years

Can you volunteer in any of these areas? Please check: Phone Calls Office/Clerical Marketing
 Fund Raising Outreach Grants Babysitting Host a Workshop Other _____

References	Name	Telephone	Email Address
Checked by / date Office use only			

I, _____, understand that I am applying to participate in a volunteer program and that I will not be compensated for my services. Furthermore, I also understand that this application does not guarantee my acceptance as a volunteer. I also agree to maintain 100% confidentiality with all client information.

Signature of Volunteer / Tutor

Date

For office use only: ABE ESL Citizenship Computers Math Completed NTT Date: _____

