

Volunteer Candidate Information

Please type directly into the gray box beside each item.

Date:

Name:

Date Of Birth:

Address: City: State: Zip:

Phone: Email:



Please list below when you are available to volunteer, by marking an X in the appropriate box(es).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Are you willing to make a commitment of at least 6 months to this volunteer placement?

Yes No

Do you have any previous tutoring experience? Yes No

If so, please tell when, where and what you were doing:

Describe education, training and skills you have related to teaching adults (if any):

What language(s) other than English do you speak?

Are there services besides tutoring you'd be interested in providing? Yes No

If yes, specify:

Would you prefer to volunteer with a High School Equivalency (GED®, HiSET® or TASC®), Adult Basic Education, or ESL class?

Describe personal interests and hobbies:

Did you receive a certificate of High School Equivalency (by passing the GED®, HiSET® or TASC®) or have you ever attended ESL classes? Yes No

How do you prefer to be contacted? (Circle one) Phone Email

Please indicate where you would you prefer to volunteer (check all that apply): church

community center library wherever needed

Please list other preferences regarding where you wish to volunteer in the community?

(i.e. specific agency, area, zip code)

How did you hear about volunteer opportunities with Tarrant Literacy Coalition?

Have you ever been convicted of a felony? If so, please provide date and charge:

References: Please list two references (No family members)

Name: Relationship:
Address: City: State:
Phone: Email:

How long have you known this person?

Name: Relationship:
Address: City: State:
Phone: Email:

How long have you known this person?

Please share other comments you feel would be helpful to us in identifying appropriate volunteer opportunities for you:

I certify that all responses on this application are true to the best of my knowledge, and I authorize the Tarrant Literacy Coalition to contact my references.

Signature: _____ Date:

Completed applications may be submitted via mail or email to the Tarrant Literacy Coalition.

Mailing address:
Tarrant Literacy Coalition
P.O. Box 123537
Fort Worth, Texas 76121

Contact Person:
Kathryn B. Thompson
(817) 870-0082
kthompson@tarrantlit.org