

Date _____

LVEP Volunteer Intake Information

For Local Office Use Only (Copy to be given to Volunteer)

Volunteer Information:

Name _____

Address _____

City/State/Zip _____

Phone (H) () _____ - _____ Ok to call yes no

Phone (W) () _____ - _____ Ok to call yes no

Phone (C) () _____ - _____ Ok to call yes no

E-Mail _____

Native Language _____

Other Languages Spoken _____

Date of Birth ___ / ___ / _____

Male Female

Place of Birth _____

U.S. Citizen Yes No

Speak Read Write

How did you hear about this program?

1. TV/Radio
2. Friend/Family
3. Employer
4. Library
5. Newspaper
6. Special Event
7. Volunteer Center
8. Poster
9. Public Relations Talk
10. Telephone Book
11. Other Agency/Literacy Organization
12. Other Volunteer
13. Web Site
14. Verizon Literacy Campus
15. Dollar General Referral Program
16. Other: _____

What are your interests?

1. Tutor Basic Literacy
2. Tutor ESL
3. Tutor Group
4. Tutor One-to-One
5. Tutor Other: _____
6. Training Tutors
7. Learner Assessment
8. Brain Games
9. Fund Raising
10. Newsletter
11. Web Site
12. Board of Directors
13. Administrative Assistant
14. Social-Function Assistant
15. Program Committee
16. Other: _____

Please Circle County/Counties preferred

Berkeley Jefferson Morgan

Student Preference: Male Female Either

Program: BL ESL Other: _____

LVEP requires that tutoring take place in a public location, and tutors may not provide transportation to students.

Can you provide your own transportation to a public meeting place for tutoring? Yes No

CONFIDENTIAL

Date _____

Availability

	Morning	Afternoon	Evening	Times
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Special Interests and Qualifications

Termination

Date: _____

Reason for Termination

Length of Stay in Program

- | | |
|--|-------------|
| 1. Satisfied with experience, fulfilled commitment | 0-3 weeks |
| 2. Dissatisfied with experience | 1-2 months |
| 3. Job/School conflicts | 3-6 months |
| 4. Moved/Left Area | 7-11 months |
| 5. Other Affiliate Responsibilities | 1-2 years |
| 6. Health | 3-5 years |
| 7. Family Problems | 6-10 years |
| 8. Transportation Problems | 10+ years |
| 9. Other: _____ | |

Did tutor termination coincide with learner termination? Yes No

Additional Comments: _____
