

**Secretary of State Adult Volunteer Literacy Program  
VOLUNTEER INFORMATION FY2016**

**OFFICE USE ONLY**

Date \_\_\_\_\_

Initial training date \_\_\_\_\_

Initial training hours \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

e-mail \_\_\_\_\_

**AVAILABILITY**

Available times for volunteering:

Morning (9:00 am-1:00 pm)       Afternoon (1:00 pm – 6:00 pm)       Evening (6:00 pm – 8:30 pm)

Available days for volunteering:

Monday       Tuesday       Wednesday       Thursday       Friday

Available for summer 2016 volunteering:

Yes       No       Maybe

**TUTORING SITES**

Choose all that interest you:

Freeport       Stephenson Cty Jail       Stockton       Mt Carroll  
 Lena       Orangeville       Galena       Savanna  
 Davis       Forreton       Warren       Pecatonica  
 Pearl City       Mt Morris       Hanover

**VOLUNTEER OPPORTUNITIES**

Choose all that interest you:

**Type of Tutoring**       Tutor only 1 student: plan lessons using materials provided by coordinator  
 Tutor a variety of classroom students: use materials provided by instructor  
 Team tutor a club/group – math, writing, reading or ELL (formerly ESL)

**Reading**       Low level reading (alphabet, phonics, sight words, comprehension and writing)  
 Intermediate reading (fluency, comprehension, grammar, vocabulary, writing)

**Writing**       Writing (grammar, punctuation, essays)

**Math**       Math (reasoning skills, geometry, algebra, percents, decimals)

**ELL**       English Language Learners (formerly ESL)

*Two qualifications that are vital for this program are academic competence and a genuine regard for others. Please sign if you feel you possess these qualities.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED INFORMATION FOR NEW TUTORS:**

Date of Birth \_\_\_\_\_

Race:     Amer. Indian Alaskan Native     Asian     Black African American     Hispanic Latino     Native Hawaiian Pacific Islander     White

Employer \_\_\_\_\_  Full-time     Part-time

Work Hours \_\_\_\_\_ May we contact you at work?     Yes     No

Where did you hear about our program? \_\_\_\_\_

Please describe any personal qualities, special skills or interests that you would bring to your experience as a literacy volunteer.

**REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EDUCATION**

Please list the highest degree achieved and subject area.

<input type="checkbox"/> High School Diploma/GED	_____	<input type="checkbox"/> Associate Degree	_____
<input type="checkbox"/> Vocational Certificate	_____	<input type="checkbox"/> Bachelor Degree	_____
<input type="checkbox"/> Some college	_____	<input type="checkbox"/> Graduate Degree	_____

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**PRE-SERVICE TRAINING (New tutors)**

Date	Hrs	Training Item	Date	Hrs	Training Item
_____	_____	<input type="checkbox"/> Volunteer Information Meeting	_____	_____	<input type="checkbox"/> Online tutor training 1
_____	_____	<input type="checkbox"/> Group Training I	_____	_____	<input type="checkbox"/> Online tutor training 2
_____	_____	<input type="checkbox"/> Group Training II	_____	_____	<input type="checkbox"/> Online tutor training 3
_____	_____	<input type="checkbox"/> Observations of current tutors I	_____	_____	<input type="checkbox"/> Online tutor training 4
_____	_____	<input type="checkbox"/> Observations of current tutors II	_____	_____	<input type="checkbox"/> Online tutor training 5
_____	_____	<input type="checkbox"/> In-service programming I	_____	_____	<input type="checkbox"/> Online tutor training 6
_____	_____	<input type="checkbox"/> In-service programming II	_____	_____	<input type="checkbox"/> Online tutor training 7
_____	_____	<input type="checkbox"/> Mentor training	_____	_____	<input type="checkbox"/> Online tutor training 8
_____	_____	<input type="checkbox"/> Supervised tutoring	_____	_____	<input type="checkbox"/> Online tutor training 9
_____	_____	<input type="checkbox"/> At Home Study	_____	_____	<input type="checkbox"/> Online tutor training 10
_____	_____	<input type="checkbox"/> Other: _____	_____	_____	<input type="checkbox"/> Online tutor training 11
_____	_____	<input type="checkbox"/> Other: _____	_____	_____	<input type="checkbox"/> Online tutor training 12
_____	_____		_____	_____	<input type="checkbox"/> Online tutor training 13

**ADDITIONAL TRAINING (Current tutors)**

Date	Hrs	Training Item	Date	Hrs	Training Item
_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____

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