Secretary of State Adult Volunteer Literacy Program VOLUNTEER INFORMATION FY2018

					OFFICE	USE ONLY			
Date				Initial tra	ining date				
				Initial tra	ining hours				
Name									
Address		Ci	ty		State	Zip			
Contact Phone #			(Contact F	hone #				
E-mail									
AVAILABILITY									
Available times for v	olunteering:	- A 51 /4/	2.00	0.00					
☐ Morning (9:00 ar	m-12:00 pm)	☐ Afternoon (12 pm)	2:00 pm	- 6:00	☐ Evenir	ng (6:00 pm – 8:30 _l	pm)		
Available days for vo	olunteering:								
☐ Monday	☐ Tuesday	□ Wedr	nesday	□ .	Thursday	☐ Friday			
Available for summe	er 2018 voluntee	ring:							
□ Yes	□ No	☐ Mayb	е						
TUTORING SITES Choose all that inter Freeport Lena Davis Pearl City	•	eston	□ G □ V	itockton Galena Varren Ianover]]	☐ Mt Carroll☐ Savanna☐ Pecatonica☐ Lanark			
VOLUNTEER OPPO									
Choose all that inter	est 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 								
Reading	 □ Low level (alphabet, phonics, sight words, comprehension, and writing) □ Intermediate level (fluency, comprehension, grammar, vocabulary, and writing) 								
Writing	☐ Grammar, punctuation, and essays								
Math	☐ Percents, decimals, reasoning skills, geometry, and algebra								
ESL	☐ English Language Learners								
Two qualifications the Please sign if you fe			cademi	c compet	ence and a ge	enuine regard for ot	hers.		
Signed					Date				

REQUIRED INFORMATION FOR NEW TUTORS:										
KEGGIKED	THE OTTER TOTAL		<u> </u>							
Date of Birth										
Race:	l Amer. Indian □ / Alaskan Native	Asian □	Black African American	☐ Hisp Latii	no	Native Hawa Pacifi Island	iiian c	□ White		
Employer					☐ Full-tim	ne	□ Part-t	ime		
Work Hours				May we conta	ct you at w	ork?	□ 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.										
REFERENCE	ES									
Name				Phone						
EDUCATION Please list the highest degree achieved and subject area.										
☐ High School Diploma/GED				☐ Associ	ate Degree					
□ Vocational Certificate				☐ Bachelor Degree						
☐ Some coll				□ Gradua	ate Degree					

[&]quot;This project was made possible by a grant awarded by the Illinois State Library (ISL), a division of the Office of Secretary of State, using state funds designated for literacy." The Highland Community College Adult Education program is an equal opportunity educator and employer.