Secretary of State Adult Volunteer Literacy Program VOLUNTEER INFORMATION FY2022

				OFFICE USE ONLY			
Date				Initial training date			
Name				Initial traini	ng hours		
A ddroop		C:t-			Ctoto	7:-	
Address City				0 / / 51		Zip	
Contact Phone #			1	Contact Pho	one #		
May I send you te	ext messages?	Yes	No				
E-mail							
AVAILABILITY Available times fo	r volunteering: (Plac	e an "X" in the box for	the day	/ and time slots	s you are available)		
Times	Monday	Tuesday	Wedr	nesday	Thursday	Friday	
9 am-12 pm							
12 pm-6 pm							
6 pm-8:30 pm							
Available for summer tutoring: Yes No Maybe Available for Saturday tutoring: Yes No Maybe							
TUTORING SITE Choose all that in Freeport Lena Davis Pearl City	noose all that interest you: Freeport			Stockton Mt Carroll Galena Savanna Warren Pecatonica Hanover Lanark			
VOLUNTEER OP Choose all that in							
Type of Tutoring	<u></u> '						
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						
-	s that are vital for th I feel you possess t	. •	ademi	c competend	ce and a genuine r	regard for others.	
Sign							

REQUIRED INFORMATION FOR NEW TUTORS:						
Date of Birth						
Race: Amer. Asian Black African Hispanic Native White Indian American Latino Hawaiian Alaskan Native Islander						
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.						
High School Diploma/GED Associate Degree						
Vocational Certificate Bachelor Degree						
Some college Graduate Degree						

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