

Adult Literacy Program Volunteer Application

Contact information:

Date: _____

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

The best way to contact me is by:

- email
 home phone
 work phone
 other (specify):

When and where are you available? Tutors are asked to commit to one 2-hour session per week. Please indicate at which location(s) and during which session time(s) you are available to volunteer.

<p>CAPTAIN WILLIAM SPRY 10 Kidston Road 490-5715 Tuesdays <input type="checkbox"/> 1pm-3pm <input type="checkbox"/> 5:30-8:30pm Thursdays <input type="checkbox"/> 9:30-11:30am <input type="checkbox"/> 1pm-3pm</p>	<p>HALIFAX NORTH 2285 Gottingen 490-5779 Wednesdays <input type="checkbox"/> 9am - 12pm <input type="checkbox"/> 6pm - 9pm Fridays <input type="checkbox"/> 9am - 12pm</p>	<p>KESHEN GOODMAN 330 Lacewood Dr 490-6408 Thursdays <input type="checkbox"/> 12 pm - 3 pm <input type="checkbox"/> 5:30 - 8:30 pm Fridays <input type="checkbox"/> 12 pm - 3 pm</p>	<p>SPRING GARDEN 5381 Spring Gdn 490-5990 Thursdays <input type="checkbox"/> 3 - 6 pm <input type="checkbox"/> 6 - 9 pm Fridays <input type="checkbox"/> 1:30 - 4:30 pm</p>
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Where did you hear about this program?

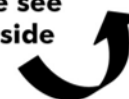
From a friend or relative
 From a community agency (which one? _____)
 In the Library Guide
 On a poster in the library
 On a poster in the community

In a newspaper
 On the radio
 On the internet
 I have participated previously
 Other: _____

PROGRAM USE ONLY

Matched w/ _____ Notes:
Date: _____

Please see other side



Some things about you:

Current occupation: _____

Education: _____

Describe any skills and/or experience you have that will prove useful in tutoring: _____

What are your goals and expectations for this volunteer experience? _____

Do you have any tutoring preferences, eg. gender or skill level? If yes, please specify.

Do you have any other concerns about volunteering? If yes, please specify.

Confidentiality agreement:

During and after my time as a Halifax Public Libraries volunteer tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries adult literacy programs. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed: _____ Date: _____