

Date _____

About You

Name			
Address			
Phone	(home)	(mobile)	(work)
E-mail			
The best way to contact me is by: <input type="checkbox"/> home phone <input type="checkbox"/> mobile phone <input type="checkbox"/> work phone <input type="checkbox"/> email			

Please indicate at which location(s) and during which session time(s) you are available to volunteer

Captain William Spry	15 Sussex Drive, Spryfield 490-5715	<u>Tuesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 5:30 - 8:30 pm	<u>Wednesdays</u> <input type="checkbox"/> 10 am - 12 noon <input type="checkbox"/> 1 - 3 pm
Halifax Central	5440 Spring Garden Road, Halifax 490-5990	<u>Thursdays</u> <input type="checkbox"/> 3 - 6 pm <input type="checkbox"/> 6 - 9 pm	<u>Fridays</u> <input type="checkbox"/> 2 - 5 pm
Halifax North Memorial	2285 Gottingen Street, Halifax 490-6557	<u>Wednesdays</u> <input type="checkbox"/> 12 - 3 pm <input type="checkbox"/> 6 - 9 pm	<u>Fridays</u> <input type="checkbox"/> 10 am - 1 pm
Keshen Goodman	330 Lacewood Drive, Halifax 490-6408	<u>Thursdays</u> <input type="checkbox"/> 1 - 4 pm <input type="checkbox"/> 5:30 - 8:30 pm	

Some things about you

Current occupation:	
Education:	
Describe any skills and/or experience you have that will prove useful on 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 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 program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____

Date _____

**PROGRAM
USE ONLY**

Matched with:
Date:

Notes:

