

## Adult Literacy Program Volunteer Application

<b>Date</b>					
<b>Contact Information</b>					
Name				The best way to contact me is by: <input type="checkbox"/> e-mail <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> other (specify) _____ -	
Address					
Telephone	(h)		(w)		
E-mail address					

**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.

<b>Captain William Spry</b> <i>10 Kidston Road ~ 490-5715</i>	<b>Halifax North</b> <i>2285 Gottingen St. ~ 490-6557</i>	<b>Keshen Goodman</b> <i>330 Lacewood Dr. ~ 490-6408</i>	<b>Central Library</b> <i>5440 Spring Grdn ~ 490-5990</i>
<u>Tuesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 5:30 - 8:30 pm <u>Wednesdays</u> <input type="checkbox"/> 9:30 - 11:30 am <input type="checkbox"/> 1 pm - 3 pm	<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	<u>Thursdays</u> <input type="checkbox"/> 1 - 4 pm <input type="checkbox"/> 5:30 - 8:30 pm	<u>Thursdays</u> <input type="checkbox"/> 3 - 6 pm <input type="checkbox"/> 6 - 9 pm <u>Fridays</u> <input type="checkbox"/> 2 - 5 pm

**Where did you hear about this program?**

<input type="checkbox"/> From a friend or relative <input type="checkbox"/> From a community agency (which one? _____) <input type="checkbox"/> In the Library Guide <input type="checkbox"/> On a poster in the library <input type="checkbox"/> On a poster in the community	<input type="checkbox"/> In a newspaper <input type="checkbox"/> On the radio <input type="checkbox"/> On the internet <input type="checkbox"/> I have participated previously <input type="checkbox"/> Other _____
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<b>PROGRAM USE ONLY</b>	Matched with _____ Date _____	Notes: _____
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**Some things about you:**

<b>Current Occupation:</b>	<b>Education:</b>
<b>Describe any skills and/or experience you have that will prove useful in tutoring:</b>	
<b>What are your goals and expectations for this volunteer experience?</b>	
<b>Do you have any tutoring preferences, eg. gender or skill level? If yes, please specify.</b>	<b>Do you have any other concerns about volunteering? If yes, please specify.</b>

**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.

<i>Signed</i>		<i>Date</i>	
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