

# Volunteer Application

## ABC LEARN, INC

Year 2019-2020

### Personal Information

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street City State Zip code

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Referred By: \_\_\_\_\_

Email (required): \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

### Professional Information

How many miles away from your zip code are you willing to travel?

5-9  10-14  15-19  20-24  25+

What languages other than English, do you speak?

\_\_\_\_\_

What languages other than English, do you write?

\_\_\_\_\_

If you are a school district employee please tell us which district and provide your ID#:

\_\_\_\_\_

Have you passed the CBEST? Yes  No

### Educational Information

Do you hold any degrees, credentials or certificates? If so, please list and submit copies to the office.

\_\_\_\_\_

Do you have a:

Driver's License? Yes  No  Computer w/Internet Access? Yes  No

Transportation with Insurance? Yes  No  Fax and/or Scanning Capabilities? Yes  No

Please answer the following questions for the program you would like to volunteer for. If you are interested in all the opportunities, please complete all the sections.

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**Tutoring K-12**

What grades are you comfortable with?

K-2

3-5

6-8

High School

What subjects can you tutor? Math

Language Arts

Both

If you can tutor Math, what level? (i.e. Basic, Pre-Algebra, Geometry, etc.)

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How many hours per week are you able to tutor? \_\_\_\_\_

What days of the week are you available to tutor? \_\_\_\_\_

**Adult Literacy/ESL**

1. Are you comfortable working one-on-one? Yes  No

In small groups? Yes  No

2. Do you have teaching experience? Yes  No

Tutoring experience? Yes  No

3. What times would you be available during the week? (Would you consider Fridays or Weekends) Y\_\_ N\_\_

Mon \_\_\_\_\_

Wed \_\_\_\_\_

Tues \_\_\_\_\_

Thurs \_\_\_\_\_

4. Please describe your teaching and/or tutoring experience

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**General Office Work**

1. Have you ever worked in an office before? Yes  No

2. If so, what office skills do you have? (i.e. data entry, filing, organizing, etc.)

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3. What computer skills do you possess and what software have you used before?

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4. What office equipment have you worked with? (i.e. computer, fax machine, calculator, etc.)

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5. What days of the week are you available? \_\_\_\_\_

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Signature

Date