



## VOLUNTEER APPLICATION

Personal Information	
Name	Date
Address	Home Phone
City, State, Zip	Cell Phone
Employer	Work Phone
Email	
Emergency Contact Person	Emergency Contact Phone
How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
Highest grade completed	Course of study
Other Languages spoken	
For Statistical Purposes Only (Voluntary Information)	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday
Marital Status	Race

How would you like to volunteer?	
Tutoring (Min. commitment 9 months) <input type="checkbox"/>	Fund Raising (Min. commitment 12 months) <input type="checkbox"/>
General Office Work (Min. commitment 1 month) <input type="checkbox"/>	Donation <input type="checkbox"/>
Board Member/Committee (Min. commitment 18 months) <input type="checkbox"/>	Other: <input type="checkbox"/>

Check your preferred tutoring subject:
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Grammar <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Other: _____

Check your preferred student type:	Check your preferred skill level:
<input type="checkbox"/> Child 6-12 <input type="checkbox"/> Adult 19+ <input type="checkbox"/> Teenage 13-18	<input type="checkbox"/> Beginning <input type="checkbox"/> Elementary
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Availability:

References: (Non relative)	
Name:	Name
Address	Address
City State Zip	City State Zip
Telephone	Telephone

**Notice to all Applicants :** The Literacy Council of Sumner County (LCSC) reserves the right to conduct background checks on all applicants.  
This document and all other applicable forms will be secured and filed according to LCSC Board of Directors published guidelines.

For Office Use Only	
Orientation: Initial:	
Student(s)/Matched:	
FAT City Training:	
Beacon:	Date Observed:
Mentor:	Terminated:
Awards:	Reopened:
Workshop:	File Closed:
Other:	Other Training:

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

As a volunteer with the Literacy Council of Sumner County, I agree to maintain confidential all information such as files, names, passwords, financial information, and any other business and/or personal information, now and in the future. This includes any and all knowledge or information relating to clients and services. This information will be forever held inviolate, and be concealed from any and all other persons, and the volunteer will not impart the knowledge acquired to any other person or other organization.

**WAIVER AND RELEASE FOR VOLUNTEERS**

In consideration of my being allowed to be involved in the literacy program sponsored by the Literacy Council of Sumner County (LCSC), I hereby agree to release and forever discharge the LCSC and all its volunteers, employees, officials, directors and agents, for any and all claims, demands, actions and lawsuits for injuries and expenses sustained and/or incurred to my person and/or property as a result of my involvement with LCSC. I understand that as a volunteer my activities may involve physical activity, contact with unidentified and unfamiliar persons, travel, and other potential risks of injury to me and my property, and I hereby assume all such risks. I understand that there will be instances where I will be without staff supervision, and I hereby release the Literacy Council of Sumner County of any liability.

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (if minor)

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

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**VOLUNTEER TUTOR AGREEMENT**

As a volunteer tutor, I agree to:

1. Tutor an adult or child at least \_\_\_ hours a week for a minimum of \_\_\_ weeks.
2. Prepare adequately in advance for each lesson using LCSC and other materials.
3. Inform the student in advance if a lesson must be missed or rescheduled.
4. Notify LCSC at least 2 weeks in advance of terminating tutoring services.
5. Attend required LCSC training workshops.
6. Complete and submit monthly volunteer time sheets.

In return, LCSC agrees to:

1. Provide training, materials, and confidential support.
2. Sponsor training workshops at least twice a year.
3. Contact the tutor monthly to discuss student progress, provide information about materials and lesson preparation, answer questions, and record hours volunteered.
4. Encourage volunteer input and suggestions with regard to student’s instructional plans and general tutoring operation.

LCSC Board of Directors does not approve approve of:

1. Meeting in a home or other non public location
2. Allowing tutor or student to provide transportation for tutoring session
3. Conducting tutoring session of a minor without parental (or guardian ) supervision.

Signature \_\_\_\_\_

Date: \_\_\_\_\_