



**LVTC**

**Literacy Volunteers of Troup County**  
*"Changing Lives One Word at a Time"*

**Volunteer Tutor Application**

**Contact Information**

<b>Date:</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City/State/Zip:</b>	
<b>County:</b>	
<b>Phone Number:</b>	(H) _____ (C) _____
<b>Email Address:</b>	

How did you hear about Literacy Volunteers?

- Newspaper Ad  
 Church  
 Friend/Co-Worker  
 Other: \_\_\_\_\_

When are you available to tutor?

- M  
 T  
 W  
 T  
 F  
 S  
 S

- Mornings  
 Afternoons  
 Evenings

**Statistical Data**

Employment Status: Company: \_\_\_\_\_

- Full Time  
 Part Time  
 Disabled  
 Unemployed  
 Retired

Marital Status:

- Single  
 Married  
 Divorced  
 Single Parent  
 Widowed

Other Information:

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Education:

- |  |   |   |
|--|---|---|
| High School  | College   | Grad School/Trade   |
| <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

**Skills and Interests:**

**Experience Working with Adults and Teaching:**

**Special Skills, Interests, Hobbies:**

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**Groups or Organizations to Which You Belong:**

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**FOR OFFICE USE ONLY:**

<b>Date Trained:</b>	
<b>Date Matched:</b>	
<b>Student Assigned:</b>	
<b>Date Discontinued:</b>	
<b>Reason or Leaving:</b>	

**Literacy Volunteers of Troup County, Inc.**

**P.O. Box 1087**

**200 Main St., Suite 201**

**LaGrange, GA 30241**

**706-883-7837**

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**[www.readtroup.com](http://www.readtroup.com)**