



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

Student Application

Contact Information:

Date:	
Name:	
Address:	
City/State/Zip:	
Phone Number:	(H) _____ (C) _____
Email:	

How did you hear about Literacy Volunteers?

Newspaper Ad Church Friend/Co-Worker Other _____

When are you available for tutoring?

M T W T F S S
 Mornings Afternoons Evenings

Statistical Data

Employment Status:

Full Time Part Time Disabled Unemployed Retired

Marital Status:

Single Married Divorced Single Parent Widowed

Other Information: Age: _____ Birthdate: _____ Ethnicity: _____

Grade in School Completed:

1 2 3 4 5 6 7 8 9 10 11 12 College/Trade School: _____

What do you want to achieve with Literacy Volunteers? _____

Return Form to:

Literacy Volunteers of Troup County, Inc.
literacyvolunteerstc@gmail.com

706-883-7837
200 Main Street, LaGrange, GA