

LVTC Student Application

Contact Information

Name	
Today's Date	
Street Address	
City/State/Zip	
Phone Number	
E-Mail Address	

How did you hear about Literacy Volunteers?

Place an "X" in all boxes that apply.

☐ Newspaper/ Ad ☐ Church ☐ Friend/ Co-Worker ☐ Other

Availability

Place an "X" in the boxes for the days and times in which you are available.

☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S

☐ Mornings ☐ Afternoons ☐ Evenings

Statistical Data

EMPLOYMENT STATUS:

Place an "X" in one of the following.

☐ Full Time ☐ Part Time ☐ Disabled ☐ Unemployed ☐ Retired

Place an "X" in one of the following.

☐ Single ☐ Married ☐ Divorced ☐ Single Parent ☐ Widowed

Age

Birthday

Ethnicity

Place an "X" in the box of the highest grade that you have completed.

Grade School

Junior/ High School

Other/Trade

☐1 ☐2 ☐3 ☐4 ☐5 ☐6

☐7 ☐8 ☐9 ☐10 ☐11 ☐12

General
Comments

For Office Use Only

Corrections/ Changes/ Updates as of: (/ /)

Corrections/ Changes/ Updates as of: (/ /)

Date Assessed

Date Matched

Tutor Assigned

Date Discontinued

Reason for Leaving