

Adult Literacy Program Volunteer Application

Date _____

Contact Information

Name		The best way to contact me is by: <input type="checkbox"/> e-mail <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> other (specify) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
Address		
Telephone	(h) _____ (w) _____	
E-mail address		

When and where are you available? Tutors are asked to commit to one 2-hour session per week. Please indicate at which location(s) and during which session time(s) you are available to volunteer.

<p>Captain William Spry <i>10 Kidston Road ~ 490-5715</i></p> <p><u>Tuesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 5:30 - 8:30 pm</p> <p><u>Wednesdays</u> <input type="checkbox"/> 10 am - 12 noon <input type="checkbox"/> 1 - 3 pm</p>	<p>Halifax North <i>2285 Gottingen St. ~ 490-6557</i></p> <p><u>Wednesdays</u> <input type="checkbox"/> 12 noon - 3 pm <input type="checkbox"/> 6 - 9 pm</p> <p><u>Fridays</u> <input type="checkbox"/> 10 am - 1 pm</p>	<p>Keshen Goodman <i>330 Lacewood Dr. ~ 490-6408</i></p> <p><u>Thursdays</u> <input type="checkbox"/> 1 - 4 pm <input type="checkbox"/> 5:30 - 8:30 pm</p>	<p>Halifax Central <i>5440 Spring Grdn ~ 490-5990</i></p> <p><u>Thursdays</u> <input type="checkbox"/> 3 - 6 pm <input type="checkbox"/> 6 - 9 pm</p> <p><u>Fridays</u> <input type="checkbox"/> 2 - 5 pm</p>
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Where did you hear about this program?

<input type="checkbox"/> From a friend or relative <input type="checkbox"/> From a community agency (which one? _____) <input type="checkbox"/> In the Library Guide <input type="checkbox"/> On a poster in the library <input type="checkbox"/> On a poster in the community	<input type="checkbox"/> In a newspaper <input type="checkbox"/> On the radio <input type="checkbox"/> On the internet <input type="checkbox"/> I have participated previously <input type="checkbox"/> Other _____
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PROGRAM USE ONLY	Matched with _____	Notes:
	Date _____	

Some things about you:

Current Occupation:

Education:

Describe any skills and/or experience you have that will prove useful in tutoring:

What are your goals and expectations for this volunteer experience?

Do you have any tutoring preferences, eg. gender or skill level? If yes, please specify.

Do you have any other concerns about volunteering? If yes, please specify.

Confidentiality Agreement

During and after my time as a Halifax Public Libraries volunteer tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries adult literacy program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____

Date _____