



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

## Volunteer Application Form

Name	_____
Telephone	_____
Email	_____@_____
Mailing Address	_____
Emergency Contact	_____

**What is the best way to reach you?** Phone  Email

### What areas are you interested in volunteering in?

Tutor  Office Support  Governance (Board of Directors)   
Books & Bling  Special Events  Other (please specify) \_\_\_\_\_

### If interested in tutoring, what subject(s) would you like to teach?

Basic literacy  Further literacy  English as a second language (ESL)   
Basic math  Further math  Computer Literacy   
American Sign Language (ASL)  Friendly Reading   
Other (please specify) \_\_\_\_\_

### When are you available? (Please circle as appropriate)

Monday: morning/afternoon/evening      Tuesday: morning/afternoon/evening  
Wednesday: morning/afternoon/evening      Thursday: morning/afternoon/evening  
Friday: morning/afternoon/evening      Saturday: morning/afternoon/evening  
Sunday: morning/afternoon/evening

**How many hours a week would you be able to volunteer?** \_\_\_\_\_

### How did you hear about Salt Spring Literacy?

Walking by  Advertisement  Other \_\_\_\_\_  
Website  Books & Bling   
Were you referred? By whom? \_\_\_\_\_



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

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

Work Experience:	Education:
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Describe any skills and/or experience you have that will provide useful in tutoring: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any tutoring preferences, i.e. age, gender, skill level, location?	What are your interests and hobbies? (This helps us match you with like minded learners!)
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Personal/Professional References:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you? (i.e. work, personal, volunteer) \_\_\_\_\_

Office use: Results \_\_\_\_\_

I hereby authorize Salt Spring Literacy to solicit references, from the people I have provided, in connection to my application for a volunteer position.

I also authorize the above named referees to provide a reference in connection with my application for this volunteer position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Thank You! We appreciate your interest in volunteering with Salt Spring Literacy.**

**OFFICE USE ONLY**

References checked: \_\_\_\_\_ Comments: \_\_\_\_\_

ESL Tutor training completed: \_\_\_\_\_ Literacy Tutor training completed: \_\_\_\_\_

Criminal Record check completed: \_\_\_\_\_ Confidentiality form signed: \_\_\_\_\_

Media Consent Form signed: \_\_\_\_\_

Initial Match: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use update form to add changes to service/program/learner information as well as contact info.*

Salt Spring Literacy respects the privacy of all its learners and tutors.

All staff follow the guidelines of the Personal Information Protection Act (B.C.).