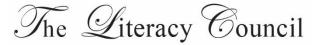


Volunteer Application

			_FIRST NAME					
ADDR	RESS:							
CELL:	·	OTHER:_						
	RGENCY INFOR	RMATION ergency, please contact						
					Pho	ne:		
EDUCATION: High School								
				College				
BACK	GROUND/EXPI							
Progra				rtunities for full descripti		times):		
0	After-School Enrichment (K-3 rd) (school-year)		Community Outreach	0	ESL class (no language requirement)			
0	Homework Hel (school-year)	lpers (4-12 th)			0	Events -Highlands Motoring Festival -A Celebration of Education		
0	Individual Tutoring (all ages, year-round) -Reading -Creative Writing		0	In-School tutoring -Highlands School -Summit Charter	0	Summer Camps (tbd each year)		
	-Writing -Mathematics -Science	-Journalism	5	-Franklin Schools -Blue Ridge -other	0	Clerical/Administrative		
	-Spanish	(other)			0	Other:		
days/w Days:	veek – M/W or T/T M T W TH F S	TH from 3:30p to 4:3 S	0p.):	lable to volunteer (Please		ring the school year, tutoring is typically two		
Have y	you ever been disc	victed of a criminal fe	er or	volunteer position followin	ng allegati	ons of sexual misconduct, sexual harassment		
By substitution I under I also u ethical	stand all sections of nderstand that if acc guidelines of the Lit nt to the release of in	u agree to the following this volunteer application tepted to volunteer for the teracy Council establisher	on, and ne Lite ed by	If the statements I have made a eracy Council, I am required to the Board of Directors.	o abide by	d complete. all rules and regulations and codes of ethics and st employers, schools, and law enforcement		
Applio	cant Signature:					Date:		
Volun	teer Manager Sig	gnature:				Received Date:		



Background Check Authorization

Print Name:						
(First)		(Middle)		(Last)		
Former Name(s) and Dates Us						
	(Maiden)	en) Year Married				
Current Address:						
((Street)	(City)	(State)	(Zip)		
Social Security Number:		Date of Birth:				
Telephone Number:						
Drivers License Number/State	:					
designated agents and representative investigative consumer report to be g	s to conduct a compress generated for employm nsumer report/ investig r, current and previous ug testing, civil and cri	nensive review of ent and/or volunte gative consumer re residences, emplo minal history reco	my background c er purposes. port may include byment history, en ords from any crir	yet not limited to the following areas: mployment credit history, education minal justice agency in any or all		
	y and all information, ve of any records or dat	verbal or written, page a pertaining to me	vertaining to me, which the individual	Social Security Administration and law to The Literacy Council or its agents. I dual, company, firm, corporation, or		
	ees or related personne	l both individually	and collectively	rials, representatives, or assigned from any and all liability for damages to of compliance with this authorization		

Date:____