



Marathon County Literacy Council, Inc.

515 N 3rd Street
Wausau, WI 54403
(715) 679 - 6170

Volunteer/Tutor Application

Please fill out and return to one of the McLit offices listed above or email to
mclitofwausau@gmail.com

Applicant Name (First, Middle, Last) _____

Date of Birth MM/DD/YYYY _____ **Are you over 18?** ___ Yes ___ No

Gender: _____ **Today's Date** (Application Date) _____

Address _____ **City, State** _____ **Zip** _____

Preferred Phone: _____ ☐ Cell ☐ Home ☐ Work

Secondary Phone (if any): _____ ☐ Cell ☐ Home ☐ Work

Email Address: _____ **Best way to contact you:** ___ Phone ___ Email

Emergency Contact: _____ **Phone:** _____

How did you hear about McLit MCLC? _____

Education (i.e. High School Diploma, GED, and degrees) _____

Languages and proficiency level: _____

Employment: ___ Homemaker ___ Student ___ Full-time ___ Part-time ___ Retired
___ Looking for Work ___ Other: _____

If Employed, where? _____

When are you available? (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



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Please Indicate the type of volunteer work you are interested in (please check all that apply):

___ Tutor:

___ Adult Basic Literacy (reading and writing) ___ Math Literacy

___ ESL / ELL (English as a second language) ___ No Preference ___ Undecided

___ Volunteer:

___ Front Desk ___ Fundraising ___ Community Outreach ___ Grant Writing

___ Marketing/Social Media ___ Web Development ___ No Preference ___ Undecided

Some of our students do not have access to transportation or the mobility to travel. What locations are you available to tutor in? ___ Merrill ___ Mosinee ___ Wausau
___ Other _____

Are you able to commit for: ___ 4 months ___ 8 months ___ 1 Year ___ More

Please list other volunteer/work experiences and tell us any other information which will help us match you with a student or volunteer position. (i.e hobbies, experiences, interests)

I will cooperate with the agency (1) by providing information (2) by allowing the agency to investigate as necessary to check that I meet the agency standards (3) by allowing the agency to contact individuals in the community for references, whether or not listed on this application. ___ Yes ___ No

Signature: _____ Date: _____