

Volunteer Adult Literacy Coach Application

Name:				_ Date:		
Address:						
Email:						
Preferred m	ethod of com	munication:	Email Home	Cell/call	Cell/text	
Age Categor	y: 🗆 Under	18 🗆 18-34	□ 35-54	□55+		
Gender:	☐ Male	☐ Female	e 🗆 Gender	r Diverse		
Occupation:						
Education:	☐ Completed Grade 12		□ College	☐ College/University		
	☐ Postgraduate		\square Other	□ Other		
Roles in whi	ich you might	like to volunt	teer:			
☐ Reading	\square Writing	\square Spelling	\Box Grammar	☐ Pronunciation		
\square Speaking	\square Listening	\square Computer	□Math	☐ Classroom		
Days you ca	ın volunteer:					
□ Mon	\square Tues	\square Wed	\Box Thur	\Box Fri	\square Sat	□Sun
Availability	1					
□Morning	☐ Afternoon	\square Evening				
Emergency Contact:			Relationship:			
Phone:						

How did you learn about Community Adult Learning?	
What are your special interests or hobbies?	
List any relevant experience or volunteer work you have been involved with:	
What are some of the strengths you bring as a volunteer:	
Do you speak/write/read any other languages?	
Would you prefer to tutor a student who is:	
\square ESL (learning English) \square Knows English but wants to improve their skills	
The Devon Public Library requires a recent (within three months) Police Information chas well as a Vulnerable Persons Record check for all our volunteers. We provide this to volunteers during the interview process.	
I agree to have a Police Information Check as well as a Vulnerable Persons Record Check: \square Yes \square No	
Signature:	